



Outpatient  
Surgery  
Center  
of Central Florida

# PATIENT GUIDE

YOUR ADMISSIONS AND INFORMATION PACKET

*Welcome to Outpatient Surgery Center!*

## **Lakewood ASC**

5571 East SR 44 Suite 501  
Wildwood, FL 34785  
[www.LakewoodASC.com](http://www.LakewoodASC.com)

Phone: (352) 643-9080  
Fax: (352) 571-6786

## **Lakewood CCL**

5571 East SR 44 Suite 502  
Wildwood, FL 34785  
[www.LakewoodCCL.com](http://www.LakewoodCCL.com)

Phone: (352) 643-9070  
Fax: (352) 571-6786





*Welcome!*

Dear Surgical Guest,

Welcome to **Outpatient Surgery Center**, the most innovative and advanced Cardiac Facility in Central Florida. Outpatient Surgical Center is owned by twelve experienced and well-respected cardiologists in a joint venture with AdventHealth. These physicians have specialties in diagnostic cardiology, interventional cardiology, peripheral vascular interventions, and all aspects of cardiac rhythm management. At our convenient location, you can expect shorter wait times, same day discharge and overall lower cost in a more personalized and private environment.

Our **Mission** is to perform procedures in a safe, advanced and professional setting by persistently improving the quality care of patients and their families at a cost significantly below the traditional hospital setting. As part of our commitment, we will maintain the highest levels of accreditation. If you have any questions about your procedure, please feel free to contact us via email at [info@outpatientcfl.com](mailto:info@outpatientcfl.com) or via phone:

Outpatient Surgery Center 352-643-9080

We look forward to improving your health, and getting you back to your active lifestyle!

Professionally yours,

**Dr. Srinivas Attanti MD**  
President

**Dr. Nitza I Alvarez MD**  
Vice-President





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Dear Guests,

Thank you for choosing Outpatient Surgery Center as your preferred cardiac surgery facility. Our goal is to provide you with the highest quality care and service. The following information is provided to help you understand our policies and procedures, but also your rights and responsibilities as a patient. It is in our best interest to comply with all Federal, State and Local Laws.

We want you to be informed while having a pleasant experience at our facility:

### 1. What to Expect

- Once your referral is submitted by your provider, our staff will call you to confirm your personal and insurance information, review financial responsibility and transportation.
- Review and follow the pre-admission instructions provided by your physician.
- You will be going home the same day. It is required that someone else drives you home. If you choose to use our transportation services or public transportation, you must have a responsible adult to escort you. It is strongly suggested that you do not drive for the remainder of the day and that someone stays with you for the next 48 hours.
- If you develop a cold, sore throat, fever or any other illness that occurs within 48 hours before your surgery, please call the Outpatient Surgery Center.
- **Understanding your medication:** It is important that you know what medication(s) you are taking and how to take them. Prepare for your procedure by asking your physician(s) or pharmacist(s) the necessary questions about your medications as they may relate to your procedure.
- **Arrival Time:** It is very important that you arrive **60 minutes prior to your procedure time** to begin your registration process which includes updating your demographic, insurance, payment and health information if necessary.
- **Late Arrival Policy:** If you arrive more than 15 minutes late, you may be asked to reschedule your appointment(s). We ask that if you are running



late, please call and let us know. This will allow us to continue to provide care to the patients that have arrived on time.

- **Co-Pay, Co-Insurance, and Account Balance Payments:** Please be prepared to pay your co-payments, deductibles, and any outstanding balances due at the time of your procedure. Please refer to the Financial Policy for your financial obligations as a patient.
- **Appointment Time:** Your appointment time is the time you are to begin your exam or procedure. Your provider will be using a computer in the operating room to access and update your medical information as part of an electronic medical record process.
- **Checkout Process:** You will be provided a Clinical Summary of your procedure at that time. The physician’s office will be in contact with you to schedule a follow-up for your procedure.
- **Translation Policy** (See Non-Discrimination Policy)
- **Hospital Affiliation:** In case of any complications you will be transferred to UF Health Leesburg Hospital.

## 2. Policies and Procedures

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## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. ***PLEASE REVIEW IT CAREFULLY.***

Effective Date: 05/15/2019

***When it comes to your health information, you have certain rights.***

### **Your rights and some of our responsibilities:**

- Get an electronic or paper copy of your medical record.
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct your medical record.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- Ask us to limit what we use or share.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information, for the purpose of payment, with your health insurer. We will honor your request unless a law requires us to share that information.





- Get a list of those with whom we've shared information.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated.
- You can complain, if you feel we have violated your rights, by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or procuring [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described on the next page, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
  1. Share information with your family, close friends, or others involved in your care.
  2. Share information in a disaster relief situation.
  3. Include your information in a hospital directory.
  4. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Sharing of treatment notes in the case of fundraising:
  1. We may contact you for fundraising efforts. However, you may elect to opt-out from future contact.
  2. We can use and share your health information to improve our practice, improve your care, and contact you when necessary. *Example: We use your health information to manage your treatment and services.*

**Bill for your services:**

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

- We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions required by law before we can share your information for these purposes.



- For more information, see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)
- Help with public health and safety issues.
- We can share health information about you for certain situations such as:
  1. Preventing disease.
  2. Helping with product recalls.
  3. Reporting adverse reactions to medications.
  4. Reporting suspected abuse, neglect, or domestic violence.
  5. Preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- Comply with the law.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you:
  1. For workers' compensation claims.
  2. For law enforcement purposes or with a law enforcement official.
  3. With health oversight agencies for activities authorized by law.
  4. For special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions.
- We can share health information about you in response to a court or



administrative order, or in response to a subpoena.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

### **WHO WILL FOLLOW THIS NOTICE?**

This notice describes the practices of:

Outpatient Surgery Center and its affiliates Lakewood ASC and Lakewood CCL.

- Any health care professional authorized to enter information into your medical record maintained by Outpatient Surgery Center.
- Any persons or companies with whom Outpatient Surgery Center does business, i.e., "Business Associates."
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

## Summary of the Florida Patient Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility.

### *A summary of your rights and responsibilities follows:*

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given (by the health care provider) information concerning diagnosis, planned course of treatment, alternative treatment options, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance, of treatment whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and

understandable, itemized bill and, upon request, to have the charges explained.

- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient has the right to choose a facility to receive health care services.
- A patient has the right to choose their health care provider or refuse a health care provider.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.



- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

## Filing Complaints

AGENCY FOR HEALTHCARE ADMINISTRATION  
CONSUMER ASSISTANCE UNIT 2727 MAHAN DRIVE, BUILDING 1  
TALLAHASSEE, FLORIDA 32308

If you have a complaint about a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (PRESS 2) or write to the address below:

Agency For Healthcare Administration  
Consumer Services Unit  
P.O. Box 14000  
Tallahassee, Florida 32317-4000

Visit [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) for more information.

### Medicare Ombudsman

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

You can also call 1-800-MEDICARE or visit [www.Medicare.gov](http://www.Medicare.gov) online.

### **If you have a concern that needs immediate attention, please contact:**

Eduardo Tolentino, CSPPM – ARM – ACHE, Administrator

Outpatient Surgery Center

5571 E SR 44, Suite 501

Wildwood, FL 34785

352.643.9080

[ETolentino@OutpatientCFL.com](mailto:ETolentino@OutpatientCFL.com)



## **Financial and Billing Policy**

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

### **1. Insurance.**

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each procedure. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each procedure is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

### **2. Co-payments and Deductibles.**

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each procedure.

### **3. Non-covered Services.**

Please be aware that some — and perhaps all — of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of procedure.

### **4. Proof of Insurance.**

All patients must complete our patient information form before seeing the practitioner. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.





## **5. Claims Submission.**

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. We are not party to that contract.

## **6. Coverage Changes.**

If your insurance changes, please notify us before your next procedure so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

## **7. Non-payment.**

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our practitioners will only be able to treat you on an emergency basis.

## **8. Missed Appointments.**

Our policy is to charge a fifty-dollar fee (\$50) for missed appointments not cancelled within 24 hours prior to your scheduled facility procedure. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

## **9. Insufficient Funds/Returned Checks.**

Outpatient Surgery Center will pass along to the patient a \$50.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient's responsibility. The financial institution may charge additional fees to you directly.



During the registration process of each procedure, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time. In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of your patient information and how we care for you.

Being true to our Mission Statement, we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

Additionally, in order to further educate and inform our patients, we have developed a series of frequently asked questions (FAQ) with appropriate answers.

We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please call our Facility at (352) 504-3500 or reach us via the Patient Portal. Thank you for choosing Outpatient Surgery Center for your cardiology care. We look forward to serving you and helping you keep your lifestyle.

Sincerely,  
**Eduardo Tolentino, CSPPM – ARM – ACHE**  
Administrator  
Outpatient Surgery Center  
5571 E SR 44 Suite 501  
Wildwood, FL 34785

A handwritten signature in black ink, appearing to read "Eduardo Tolentino", written in a cursive style.



## **Frequently Asked Questions (FAQ) About Billing**

### **Do you offer payment arrangements?**

Yes, payment arrangements may be made by contacting Outpatient Surgery Center's patient billing department at 352-643-9080 ext 5.

### **What are my payment options?**

All standard forms of payment are accepted, including cash, check, and major credit cards. To pay by credit card over the phone, please call our patient billing department at 352-643-9080 ext 5. You may also pay in cash at the facility or mail your payment to the payment address listed on the patient statement.

### **Why do I receive separate bills from the hospital and from the physician?**

When a physician specialist performs these services, he/she is generally required to submit their bill separately from the Outpatient Surgery Center's bill.

For example, if you went to the emergency room and had an x-ray and laboratory tests, you may receive a bill from the hospital for technical resources, a bill from the emergency room physician for professional services, a bill from the radiologist for interpreting any x-rays, and a bill from the pathologist for analyzing any specimens taken.

### **I see the same item listed on the physician's bill and the hospital bill. Why?**

Every surgery center visit involves both physician and surgery center resources. Although the surgery and the provider may use the same language to describe each charge, their bills are for separate services. The physician's bill will be for professional assessment, direction and oversight. The Outpatient Surgery Center's bill will be for the technical resources, including procedures and equipment, medications and supplies.

### **Will you bill my primary and secondary insurance carriers?**

Yes, as a courtesy to our patients, Outpatient Surgery Center will submit the bill to your insurance carrier. If you have a secondary insurance company, a claim will be sent to the secondary insurance company after the primary insurance company paid. You are requested to supply the pertinent billing information that the insurer may require.



### **Why did my insurance pay only a part of my bill?**

Most insurance plans require that you pay a co-payment, co-insurance or deductible for your health care expenses. Contact your insurance company for specific information about your coverage.

### **Why did I receive a bill if I have insurance coverage?**

You will receive a patient responsibility statement after your insurance processes our bill. The amount you are billed for is based on what your insurance communicates to us on an Explanation of Benefits (EOB). The EOB details how your insurance processed our bill and calculated your responsibility based on your individual insurance plan. If you believe your responsibility is not correct, please contact your insurer directly. (See the list of insurers that the Outpatient Surgery Center accepts, more information, and insurance links.)

### **My insurance should have paid my bill, what should I do?**

Please verify that your insurance carrier has received and processed the claim. If the claim has not been processed, then carefully review your insurance policy or contact your insurance carrier to determine if the services and procedures are covered. Your insurance carrier will have the most accurate and up-to-date information about your policy and your claim. If your insurance company has questions, please direct them to contact the billing department to verify that the most up-to-date insurance information is on file.

### **Why am I getting a bill now, when services were provided so long ago?**

Outpatient Surgery Center will process and send a bill to a patient after payment is received from the insurance carrier and it is confirmed that the balance is owed by the patient. The length of this process depends on how long it takes to receive a response from your insurance carrier, and whether there is secondary insurance.

### **Already paid?**

Payments received after the statement date will appear on your next statement.



**Is there any help available if I am experiencing a financial or medical hardship?**

Yes, please contact the Outpatient Surgery Center's patient billing department at 352-643-9080 ext 5.

**Does Outpatient Surgery Center accept assignment from Medicare?**

Yes, we do. By accepting assignment, Main Line Health agrees not to bill the patient for any charges Medicare disallows. However, we do bill patients for deductibles, co-insurance and non-covered services. There are instances when Medicare may not cover certain procedures or frequency of treatment. If that applies, you will be given the Advance Beneficiary Notice (ABN). The purpose of the ABN form is to let you know in advance that certain services may not be covered and to advise that you may be responsible for payment of these charges. An ABN gives you the option to accept or refuse the items or services in cases where Medicare denies payment.

For more information about your Medicare coverage, please contact the Medicare Beneficiary Office at 800-633-4227 or [medicare.gov](http://medicare.gov).

**What does "in-network" and "out-of-network" mean?**

If you receive your health care services from a hospital, physician or other health provider that participates in your health plan, they are considered "in-network." Hospitals, physicians or other health care providers who do not participate in your health plan may be referred to as "out-of-network." You may have a higher co-insurance and/or co-pay for out-of-network services. In some cases, out-of-network services are denied totally.

**What should I do when my insurance carrier has changed?**

When you experience any changes regarding your health insurance you should advise the Outpatient Surgery Center registrar at the time of service.



## **Non-Discrimination Policy**

Outpatient Surgery Center complies with applicable federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Outpatient Surgery Center does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Our health plans are also subject to the section 1557 non-discrimination requirements and will be operated accordingly.

### **Outpatient Surgery Center:**

1. Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
  - Written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
2. Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters or a language line
  - Information written in other languages

If you need these services, contact Outpatient Surgery Center's ADA Coordinator at 352-643-9080.

If you believe that Outpatient Surgery 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:



**ADA Coordinator**

Outpatient Surgery Center

**Eduardo Tolentino, CSPPM – ARM – ACHE**

Administrator

5571 E SR 44, Suite 501

Wildwood, FL 34785

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Outpatient Surgery Center's ADA Coordinator 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 (TDD)

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

## Transparency in Health Care

### 59A-3.256 Price Transparency and Patient Billing.

#### 1. Website.

Each facility shall make available to patients and prospective patients price transparency and patient billing information, on its website, regarding the availability of estimates of costs that may be incurred by the patient, financial assistance, billing practices, and a hyperlink to the Agency's service bundle pricing website. The content on the facility's website shall be reviewed at least every 90 days and updated as needed to maintain timely and accurate information. For the purpose of this rule, service bundles means the reasonably expected facility services and care provided to a patient for a specific treatment, procedure, or diagnosis as posted on the Agency's website. In accordance with section 395.301, F.S., the facility's website must include:

- a. A hyperlink to the Agency's pricing website, upon implementation of the same, that provides information on payments made to the facilities for defined service bundles and procedures. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov>
- b. A statement informing patients and prospective patients that the service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient;
- c. A statement informing patients and prospective patients of their right to request a personalized estimate from the facility;
- d. A statement informing patients of the facility's financial assistance policy, charity care policy, and collection procedure;
- e. A list of names and web addresses of health insurers and health maintenance organizations (HMO) contracted with the facility as a network provider or participating provider;
- f. A list of names and contact information of health care practitioners and



medical practice groups contracted to provide services within the facility, grouped by specialty or service; and,

- g. A statement informing patients to contact the health care practitioners anticipated to provide services to the patient while in the facility regarding a personalized estimate, billing practices, and participation with the patient's insurance provider or HMO as the practitioners may not participate with the same health insurers or HMO as the facility.

## **2. Estimate.**

The facility shall provide an estimate upon request of the patient, prospective patient, or legal guardian for non-emergency medical services.

- A. An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate may be based upon the average payment received for the anticipated service bundle. Every estimate shall include:
  - ii. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities;
  - iii. A statement advising the requestor that the actual cost may exceed the estimate;
  - iv. The web address of the facility's financial assistance policies, charity care policy, and collection procedures;
  - v. A description and purpose of any facility fees, if applicable;
  - vi. A statement that services may be provided by other health care providers who may bill separately;
  - vii. A statement, including a web address if different from above, that contact information for health care practitioners and medical practice groups that are expected to bill separately is available on the facility's website; and,
  - viii. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.



- B. If the facility provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request.
  
- C. A personalized estimate must include the charges specific to the patient's anticipated services.

### **3. Itemized statement or bill.**

The facility shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

- a. A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d), F.S.;
- b. Contact information for health care practitioners or medical practice groups that are expected to bill separately based on services provided; and,
- c. The facility's contact information for billing questions and disputes.

*Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History–New 2-19-18.*



## **Marketing, Website and Social Media Policy**

Our practice culture supports patient satisfaction. Clinical and administrative staff members must understand the importance of the following principals of patient satisfaction:

1. The patient wants to be treated as a person.
2. Retention of patients is less costly and generates greater revenue than recruiting new patients.
3. Services are experienced only when they are delivered.
4. Communication means focusing on the patient, interaction with the patient, and paying attention to patient statements and needs.
5. Advertising and promotional efforts will meet high professional standards.

Every effort will be made to develop and maintain patient satisfaction, delivery of quality care, and acknowledgement of sources of referral. Therefore, all referrals will be tracked and acknowledged.

Patients, employees, new patients, referring physicians, members of the community, and managed care plans will be surveyed and the workers will be informed of the feedback.

We will maintain patient privacy and confidentiality in all environments, including online, and will not post identifiable patient information online.

We will use the highest level of privacy settings when using the Internet for social networking. However, we realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. We will



routinely monitor our own online presence to ensure that the personal and professional information on our sites and, to the extent possible, content posted about us by others, is accurate and appropriate.

When interacting with patients online, we will maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as we would in any other context.

We recognize that actions online and content posted may negatively affect our reputation among patients and colleagues, may have consequences for our medical careers, and can undermine public trust in the medical profession.

Sincerely,

A handwritten signature in black ink, appearing to read "Eduardo Tolentino". The signature is fluid and cursive, with a large loop at the end.

**Eduardo Tolentino, CSPPM – ARM – ACHE**

Outpatient Surgery Center

Administrator

5571 E SR 44, Suite 501

Wildwood, FL 34785

## **SUBJECT:**

# **Advance Directives Reference #1016**

### **PURPOSE:**

- To provide an atmosphere of respect, caring and preservation of dignity related to a patient's medical care decision-making, and to ensure that each patient's ability and right to participate in the self-determination of care is maximized and respected and not compromised as a result of admission for care while at Outpatient Surgery Center.
- Additionally, to assure compliance with the Patient Self-Determination Act (PSDA) in such a manner as to expand the patient, staff and community knowledge-base regarding advance directives and the process by which patient participation in medical decision making is carried out at this facility.

### **POLICY:**

- Outpatient Surgery Center shall respect and encourage patient self-determination. Patients shall be encouraged and assisted to be active participants in the decision-making process regarding their care through education, inquiry and assistance as requested.
- Patients shall be encouraged to communicate their desires in regard to advance directives to their patient representatives, to allow for guidance by patient representatives and healthcare providers, but patients need to be made aware that we do NOT honor a DNR at this facility.
- Outpatient Surgery Center shall inform all patients/patient representatives of any limitations if the facility cannot honor an advance directive on the basis of conscience.
- A statement of limitation shall include, at a minimum:
  1. Clarification of any difference between facility-wide conscience objectives and those that may be raised by physicians.
  2. Identification of state legal authority permitting such an objection.
  3. Description of medical conditions or procedures affected by conscience objection.



- The existence of an advance directive, or lack thereof, shall not determine the patient's access to care, treatment and services.
- Outpatient Surgery Center shall ensure compliance with state law regarding advance directives.
- In an advance directive (or medical power of attorney), the patient may provide guidance as to his/her wishes in certain situations, but this facility will **not honor** a DNR, or may delegate decision-making to another individual as permitted by state law.
  1. If such an individual has been selected by the patient, or if a person willing and able under applicable state law is available to make treatment decisions, relevant information should be provided to the representative so that informed healthcare decisions can be made for the patient.
  2. However, as soon as the patient is able to be informed of his/her rights, this facility shall provide that information to the patient.
- The advance directive shall be maintained in the medical record.
- Outpatient Surgery Center shall educate appropriate staff regarding advance directives.

#### **PROCEDURE:**

- An inquiry shall be made by the Registration Department during the admissions process of the patient, or if the patient is incapacitated, to the patient's representatives, as to whether or not the patient has completed an advance directive. Outpatient Surgery Center shall not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an advance directive.
- A request of the patient/patient representatives to provide a copy of the advance directive for medical record entry shall be made by the Registration



Department during the admission process.

- As part of the admission process the patient/patient representatives shall be provided with an information packet outlining the individual's rights to make decisions concerning medical care. The information packet provided shall include:
  1. The right to accept or refuse medical or surgical treatment.
  2. Information concerning the Patient Self-Determination Act.
  3. Outpatient Surgery Center's mission and value statements and policies regarding refusal of medical treatment, including life sustaining measures. This facility will not honor a DNR.
  4. That the existence of an advance directive, or lack thereof, will not determine the patient's right to care, treatment or services.
  5. Definitions of pertinent healthcare terminology as they apply to the Patient Self-Determination Act.
  6. Policy regarding the patient's right to voice a complaint related to advance directive requirements to the State Department of Health Services.
  7. Information regarding the PSDA will be provided to the patient upon each admission to the Outpatient Surgery Center.
  8. Applicable State health and safety law.
  
- Registration Department staff shall document in the medical record whether the patient has completed an advance directive and that information concerning advance directives has been given to the patient/patient representatives during the admission process.
  
- Should the patient present as a repeat admission, with information obtained by the admitting group indicating there is an advance directive in the previous medical record, the nursing staff shall have the responsibility to review the existing advance directive with the patient/patient representatives to validate its current status.



- In the event the patient/patient representatives indicates that the previous advance directive does not accurately reflect the patient's wishes, a revised advance directive must be submitted and must meet all advance directive regulations. Any expression by the patient of a revision in previous advance directive desires shall be documented by the nursing staff in the nursing progress notes.
- When the patient states that he/she has an advance directive but did not bring it into the facility, the patient shall be encouraged to ask a family member to bring it into the facility.
- There shall be availability of the Ethics Committee to discuss patient rights issues as needed, through the Medical Staff Office. All requests from patients/patient representatives, facility staff and/or medical staff members to institute the Ethics Committee process shall be honored.

### **Outpatient Facility Settings:**

Outpatient Surgery Center will not honor advance directives in the following outpatient settings: DNR

For those outpatients who request information regarding advance directives, staff shall refer the patient/family to Pastoral Care and/or Social Service.

### **REFERENCES:**

Protection and Advocacy System (state specific)

National Alliance on Mental Illness (NAMI), <http://www.nami.org/>

American Academy of Pediatrics Committee on Bioethics, Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information, Pediatrics 121(5):e1441-60, May 2008



## Information on Non-Opioid Alternatives for the Treatment of Pain

Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting the care that's right for you. This handout provides information about non-opioid alternative treatments.

You and your healthcare practitioner should discuss the advantages and disadvantages of each approach and develop a course of treatment using multiple methods and modalities, including prescription medications such as opioids. Pain management requires attention to biological, psychological, and environmental factors. Consider options so your treatment provides the greatest benefit with the lowest risk.

**COLD AND HEAT:** Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

**EXERCISE:** Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis and fibromyalgia.

**WEIGHT LOSS:** Many painful health conditions are worsened by excess weight. It makes sense that losing weight can help to relieve some kinds of pain.

**DIET AND NUTRITION:** Chronic pain may be the result of chronic inflammation. Some foods can increase inflammation and contribute to pain levels. Reducing or eliminating foods that increase inflammation may provide pain relief.

**YOGA AND TAI CHI:** Mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis and headaches.

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS):** This technique employs a very mild electrical current to block pain signals going from the body to the brain.

**OVER-THE-COUNTER MEDICATIONS:** Pain relievers you can buy without a prescription, such as acetaminophen (Tylenol) or non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.

**TREATMENTS PROVIDED BY LICENSED HEALTHCARE PROVIDERS:**

**PHYSICAL THERAPY (PT) AND OCCUPATIONAL THERAPY (OT):** PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

**MASSAGE THERAPY:** Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety, and possibly impeding pain messages to and from the brain.

**ACUPUNCTURE:** Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side-effects by stimulating the body's pain-relieving endorphins. Techniques include inserting fine needles into the skin at specific points on the body.

**CHIROPRACTIC CARE:** Chiropractic physicians treat and rehabilitate using manual, mechanical, electrical, natural methods, physical therapy, nutrition and acupuncture. Chiropractors practice a hands-on approach that includes patient examination, diagnosis, and treatment.

**OSTEOPATHIC MANIPULATIVE TREATMENT (OMT):** Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain and promote healing, increase overall mobility, and treat other health problems.

**BEHAVIORAL INTERVENTIONS:** Mental health professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can better manage your pain by changing behavior patterns.

**TOPICAL TREATMENTS AND MEDICATIONS:** Topical agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a minimal risk of side-effects due to low absorption of the medication into the bloodstream. Compounded topicals prepared by a pharmacist can be customized to the patient's specific needs.

**INTERVENTIONAL PAIN MANAGEMENT:** "Interventional" procedures might include an injection of an anesthetic medicine or steroid around nerves, tendons, joints or muscles; spinal cord stimulation; insertion of a drug delivery system; or a procedure to stop a nerve from working for a long period.

**NON-OPIOID ANESTHESIA:** Non-opioid anesthesia is an anesthetic technique using medications to provide anesthesia and post-operative pain relief in a way that does not require opioids. Anesthesiologists can replace opioids with other medications selected for their ability to block surgical and post-surgical pain. By replacing opioids and incorporating the variety of anesthetic and analgesic medications that block the process of pain, anesthesia providers can provide a safer anesthetic that avoids the adverse effects of opioids.

Discuss these alternatives with your healthcare practitioner and talk about the advantages and disadvantages of the specific options being considered. Depending on your insurance coverage, some options may not be covered, resulting in substantial out-of-pocket costs. Good communication between you and your healthcare practitioner is essential in building the best pain management plan for you.

**HELPFUL HINTS AND LINKS:**

When you are selecting a healthcare practitioner, you can verify their license and find more information at:

<https://apps.mqa.doh.state.fl.us/MQASearchServices/Home>

*You can find more information at these links:*

National Institutes of Health:

<https://www.nccih.nih.gov/health/chronic-pain-what-you-need-to-know>

Centers for Disease Control and Prevention:

[https://www.cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)



**Outpatient  
Surgery  
Center**  
of Central Florida



L to R: Abadier, Alvarez, Attanti, Couturier, Gonzalez, Kannam, Miryala, Nerella, Pasupuleti, Rivero, Saluck

### Lakewood ASC

5571 East SR 44, Suite 501  
Wildwood, FL 34785  
[www.LakewoodASC.com](http://www.LakewoodASC.com)

Phone: (352) 643-9080  
Fax: (352) 571-6786

### Lakewood ASC HOURS:

<b>Monday</b>	<b>Appointment Only</b>
<b>Tuesday</b>	<b>8am - 5pm</b>
<b>Wednesday</b>	<b>8am - 5pm</b>
<b>Thursday</b>	<b>8am - 5pm</b>
<b>Friday</b>	<b>8am - 5pm</b>
<b>Saturday / Sunday</b>	<b>Closed</b>

### Lakewood CCL

5571 East SR 44, Suite 502  
Wildwood, FL 34785  
[www.LakewoodCCL.com](http://www.LakewoodCCL.com)

Phone: (352) 643-9070  
Fax: (352) 571-6786

### Lakewood CCL HOURS:

<b>Monday</b>	<b>8am - 5pm</b>
<b>Tuesday</b>	<b>Closed</b>
<b>Wednesday</b>	<b>Closed</b>
<b>Thursday</b>	<b>Closed</b>
<b>Friday</b>	<b>Closed</b>
<b>Saturday / Sunday</b>	<b>Closed</b>



## **NOTICE TO PATIENTS: Physician Financial Ownership**

### **Physician Financial Ownership**

We are required by Federal law to notify you that physicians hold financial interest or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing and in advance of the date of the procedure. A list of physicians who have a financial interest in this ASC are listed below:

1. Dr. Abel Rivero
2. Dr. Brian Saluck
3. Dr. Georg Couturier
4. Dr. Hari Kannam
5. Dr. Javier Gonzalez
6. Dr. Nishant Nerella
7. Dr. Nitza Alvarez
8. Dr. Rafik Abadier
9. Dr. Srinivas Attanti
10. Dr. Suman Pasupuleti
11. Dr. Vinod Miryala
12. North America Health Services Inc.

My signature below indicates that I have read and understood the above Policies and Procedures and that I have had the opportunity to ask questions with the understanding of the answers.

---

Signature

---

Date

---

Printed Name



## Medication Management

Dear Patient,

Proper management of your medications is important to your Care Plan. It is our goal to work with you to maintain an accurate medication list and keep you educated about their interactions, side effects, and effectiveness when taken correctly.

We may require you to bring in your medications in their original pill bottles in order to verify the name of the medication, the dosage and the frequency, and if any additional medications have been added. We also like for you to bring in any pain medication you may be taking, as certain types of medications will not be available in the Surgery Center.

### **Prescription Refills:**

Outpatient Surgery Center is not a dispensing pharmacy and is compliant with Electronic Prescription requirements, therefore:

Only prescribed medications related to your procedure will be provided.

Refills will not be provided. If you need a refill the pharmacist is in the best position to safely and accurately coordinate the request with your provider.

If your prescription has expired, contact your provider as an office visit may be required to process a new prescription.

If your prescription medication requires authorization from your insurance or you use a mail order pharmacy, allow at least 30 days for this process to be completed.

Thank you for your cooperation, as it is our goal to keep everyone informed, and educated to provide the best informed and accurate care to you.

---

Signature

---

Date

---

Printed Name



## HIPAA Release Form

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

As a courtesy to you and your referring physician, Outpatient Surgery Center of Central Florida will share the results of your procedure with your primary care physician, cardiologist and facilities/physicians deemed necessary by your procedural physician for continuity of care. In addition, I hereby authorize and request Outpatient Surgery Center of Central Florida to release my Protected Health Information (PHI) including images and/or reports to the following physicians/facilities:

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In addition to the authorization for release of my PHI described above this authorization, I furthermore acknowledge that I have the right to authorize access and disclosure of my billing, condition, treatment and prognosis to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I request the following restriction(s) to releasing my PHI:

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---

I understand that I have the right to revoke this authorization **in writing** at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance of my authorization or if authorization was obtained as a condition of obtaining insurance coverage and the insurance has a legal right to contest a claim. Unless otherwise revoked, this authorization shall be enforced in effect one year from today's date at which time, this authorization expires.

\_\_\_\_\_  
Patient / Authorized Representative Signature      Relationship Other Than Patient      Date



# Outpatient Surgery Center Packet Acknowledgment of Policies and Procedures

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My signature below indicates that I have read and understood the above Policies and Procedures and that I have had the opportunity to ask questions with the understanding of the answers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

	Yes	No
I have an advance directive.	<input type="checkbox"/>	<input type="checkbox"/>
I would like more information about advance directives.	<input type="checkbox"/>	<input type="checkbox"/>

Information Packet Given as Requested \_\_\_\_\_