

# Understanding Your Surgery

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A Patient Guide & Information Booklet



- What to do before your surgical procedure
- Helpful information about insurance billing
- Understanding your rights and responsibilities
- Driving directions, telephone numbers and addresses

Sunrise Ambulatory Surgical Center

## A Tradition of Caring

### Designed With You In Mind

Sunrise Ambulatory Surgical Center is a modern, state of the art medical facility specifically designed for patients requiring outpatient surgery under general or local anesthesia. Our facility offers patients and their families a smaller, more comfortable setting than what can be provided in a traditional hospital.

We continually invest in the latest technologies to ensure that your physician and expert team of medical professionals have the tools they need to ensure the absolute highest standard of care.

### Established History

Sunrise Ambulatory Surgical Center opened its doors to the public in the summer of 2001. Since that time, we have quickly become the destination of choice for many people in northern Arizona requiring surgical care.

We perform thousands of procedures every year, providing the safety, comfort and convenience available only in an Ambulatory Surgical Center.

Our team of professionals are among some of the highest-trained and most



experienced anywhere in Arizona. We carefully select our staff for their expertise as well as for their compassion and concern for your care.

Rest assured that you are in very capable hands. We are committed to providing you with the finest care available, while maintaining the comfort and individual attention that you deserve.

Your experience here at Sunrise is very important to us. If you have any questions or concerns, please contact us anytime.

## Before Your Surgery

**Pre-Op Call** You will receive a telephone call from a nurse 1 or 2 days prior to your procedure to discuss your health history. They will also let you know what time you should arrive at the Center.

**Change in Condition** If you experience any changes such as a cold, fever or rash, please contact your doctor prior to your surgery.

**Leaving the Center** You must have a ride home after surgery, and it is also recommended that someone be with you for the first 24 hours following your procedure. If this is a problem, please notify your doctor or the PreOP nurse.

**Medications** Please make sure your physician is aware of **ALL** medications you take. Certain medications such as anticoagulants (Coumadin, Plavix, Heparin) or anti-inflammatories (Aspirin, Motrin, Advil, Ibuprofen), **may** need adjustment prior to your procedure. **Continue your medications as prescribed UNLESS your physician directs you otherwise.** If you're unsure, contact your physician for clarification.

### Midnight Before Surgery

**Food** No eating, drinking or smoking. This includes water, gum, chewing tobacco, mints or candy.

**Medications** Continue all medications as prescribed by your physician **UNLESS** your physician directs you otherwise. If you're unsure, contact your physician for clarification.

### Morning of Surgery

**Food** Do not eat or drink anything unless otherwise directed.

**Medications** Continue all medications as prescribed by your physician **UNLESS** your physician directs you otherwise. If you're unsure, contact your physician for clarification.

**Clothing** Wear comfortable, loose-fitting clothes that are easily removed. Shoulder surgery patients should wear or bring a large shirt that zips or buttons.

**Contact Lenses** Bring your glasses with a case. Do not wear contact lenses.

**Valuables** Leave all jewelry and piercings at home.

**Please remember to bring:**  
**Health Insurance Card, Identification, Advance Directive, & Co-payment (if applicable)**

## Billing

### Your Insurance

As a courtesy to our patients, we will bill your insurance company when provided with the necessary information. Please realize that your policy is a contract between you and the insurance company. We are not a



party to that contract. Any required co-payments, deductibles or non-covered services are beyond our control, and are your responsibility.

Sunrise Surgical Center accepts payment from **all insurance companies**. Your insurance company may or may not pay all charges. Contact your employer or insurance company if you have questions about your coverage. Also, you may contact our billing department with questions regarding our fees, or the level of benefits provided from your insurance and your subsequent responsibility.

### Patient Statements

All charges are your responsibility from the date services are rendered. After your insurance has remitted payment to us, you may be responsible for any balance unpaid by your insurance company. For your convenience, we accept cash, personal checks, bank debit cards, and most major credit cards.

If your financial situation is such that you are unable to pay in full, our billing staff will be happy to discuss your payment options with you. **We strongly encourage you to contact us to make any financial arrangements prior to your procedure, so that you may concentrate on your recovery.**

## Understanding Your Charges

### **Types of Bills**

Here is a brief explanation of the possible charges which you may receive following a surgery:

#### **Surgery Center**

This fee is for the staff, supplies, and equipment we provide for your safe and successful experience here. Payments should be submitted to our office. Any questions regarding your surgery center billing should be addressed to our billing office: **(928) 532-3010, ext. 249.**

#### **Physician**

Your procedure will be performed by a qualified physician. This physician is not an employee of our surgical center and he/she will bill you separately for your procedure. The physician's bill, along with any questions pertaining to it must be addressed to their office.

#### **Anesthesia Provider**

If you receive anesthesia services from an anesthesia provider during your procedure, you will receive a separate bill for these services as well. Please address all questions and send all payments to your anesthesia provider's billing office. The anesthesia billing office for the CRNAs of Northeastern Anesthesia can be reached at **(800) 338-5378.**

#### **Other Charges**

Depending on several factors related to your particular procedure, you may receive other charges. These may include Durable Medical Equipment (such as crutches, braces, etc), lab fees or other services not performed at Sunrise Ambulatory Surgical Center. Questions regarding these must be directed to the respective company or provider.

## Patient's Rights

**EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.**

### **Patients Rights:**

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive considerate, respectful and dignified care.
- To be provided privacy and security during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- To be free from mental and physical abuse, or exploitation during the course of patient care.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.

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## Sunrise Ambulatory Surgical Center

- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- To know which facility rules and policies apply to his/her conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's care. The patient's written consent for participation in research shall be obtained and retained in his/her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- To be advised if the physician providing care has a financial interest in the surgery center.
- Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and to support participation of the caregiver in decisions affecting medical treatment.

## Patient Responsibilities

### **Patient Responsibilities:**

- To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
- To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
- To accept personal financial responsibility for any charges not covered by their insurance.

### **If you need an interpreter:**

- If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

### **Rights and Respect for Property and Person**

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

### **Privacy and Safety**

The patient has the right to:

- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.



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## Sunrise Ambulatory Surgical Center

**Complaints/Grievances:** If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Sam McAdams, Administrator  
5448 S. White Mountain Blvd, Suite 100  
Lakeside, AZ 85929  
Phone: 928.532.3010

You may contact the state to report a complaint:

Arizona Department of Health Services  
150 North 18<sup>th</sup> Avenue  
Phoenix, AZ 85007  
Phone: 602.542.1025  
FAX: 602.542.0883  
State Web site: <http://www.azdhs.gov>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

**Medicare Ombudsman Web site:** [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

## Advance Directives

An “Advance Directive” is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Arizona Statute Title 36-3201 through 36-3210. Arizona statute defines a health care directive as a document drafted in compliance with statute “to deal with a person’s future health care decisions”. All adults have the fundamental right to control their own medical care. Arizona law recognizes three distinct types of documents which can be executed in advance to provide a mechanism for healthcare decision making when a patient is no longer able to make the decisions directly. These documents are the Health Care Powers of Attorney, Living Wills, and Pre-hospital Medical Care Directives.

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility’s policy on Advance Directives.

Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient’s representative or surrogate) prior to the procedure being performed.

Sunrise Ambulatory Surgery Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient’s condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient’s care.

## Physician Financial Interest & Ownership

This center is owned, in part, by the physicians that practice here. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations. Please be advised that you may choose any other organization for the purpose of obtaining the services ordered or requested.

**The following physicians have a financial interest in the center:**

**Ian Brimhall, DO**  
**Robert Brownsberger, MD**  
**Ryan Hall, DPM**  
**Jeff LeSueur, MD**

**Mark Mellinger, MD**  
**Jeffrey Reagan, MD**  
**Chad Squire, DPM**

## Quick Information

### Our Address

#### **Sunrise Ambulatory Surgical Center**

5448 S. White Mountain Blvd.,  
Suite 100

Lakeside, AZ 85929

**Phone: (928) 532-3010**

**Fax: (928) 537-2049**



### Driving Directions

We are conveniently located on the first floor of the Aspen Ridge Medical Center in Wagon Wheel, approximately one mile south of Walmart, towards Pinetop in the two-story brick building.

### Website

Please visit our website, where you can download forms, get additional information, or even pay your bill online!

[www.sunriseASC.com](http://www.sunriseASC.com)

Scheduled Date of Procedure \_\_\_\_\_

**The surgery center will call you 48 hours before your surgery date to inform you of your surgery time. The time given to you by the doctor's office may change if there is a pediatric, emergent case or a cancellation.**



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