

QUEENSRIDGE SURGERY CENTER

SURGERY CENTER ADMISSION AND FINANCIAL AGREEMENT

LEGAL RELATIONSHIP BETWEEN SURGERY CENTER AND PHYSICIANS: I understand that all physicians furnishing services to the patient, including the patient's physician, and any specialist such as an anesthesia provider, radiologist or pathologist are independent contractors with the patient and are not employees or agents of the surgery center. The patient is under the care and supervision of his/her physician and it is the responsibility of the surgery center and its staff to carry out instructions of the physician. It is the responsibility of the patient's physician to obtain the patient's informed consent, to medical or surgical treatment or procedures. Any questions concerning the nature or results of any examination or treatment should be directed to the patient's physician and not to the surgery center employees.

OTHER PROFESSIONAL RELATIONSHIPS: I understand that my physician may have a professional radiology service review radiological images. My physician may also send specimens to a professional pathology laboratory for a pathological diagnosis. Radiology and pathology services are billed separately by those individual physicians and laboratories. I understand that approved company representatives and vendors may be present during my procedure however they will not participate in my procedure. I understand that students may be in attendance during my procedure. Students are under direct supervision of the physician and will not participate in my procedure without direct supervision of my physician.

PERSONAL VALUABLES: It is agreed and understood that the surgery center shall not be responsible for any personal property brought by patient to the surgery center, including but not limited to money, jewelry, documents or any other articles.

OWNERSHIP OF SURGERY CENTER: I understand that my physician is ___ or is not ___ an owner of this surgery center. I received this information prior to the date of admission. I understand that I am free to choose another facility in which to receive the services that have been ordered by my physician.

ADVANCE DIRECTIVE/LIVING WILL: I understand that if an emergency medical condition should occur I will be transferred to the closest hospital for further evaluation and treatment. I understand that if I have an advance directive or living will, the surgery center will still transfer me to the closest hospital which will make decisions about following any advance directive or living will. ***If I should be transferred to a hospital, I consent to the hospital to release copies of my medical records to the surgery center to review the episode of care.***

I have the following

Copy given to Surgery Center

- | | |
|---|--------------------------|
| <input type="checkbox"/> Living Will | <input type="checkbox"/> |
| <input type="checkbox"/> Health care surrogate, proxy, or durable power of attorney | <input type="checkbox"/> |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> |

FINANCIAL AGREEMENT: I agree that, to the extent necessary to determine liability for payment and to obtain reimbursement, the surgery center may disclose portions of my financial and/or medical records to any person or entity which is or may be liable for all or any portion of the Center's charges (including but not limited to insurance companies, health care service plans or worker's compensation carriers). Whether signing as the patient or his/her agent, I agree that in consideration of the services rendered, I shall be individually responsible to pay the Center for all services, at the Center's regular rates and terms should my insurance company deny payment. I understand the fees quoted are only an estimate. If any additional procedure(s) are added or special supplies/implants are used I will be billed accordingly. I shall also be responsible for any deductibles or co-payments owed at the time of services. I am responsible for payment within 60 days of the date of the service provided unless there is a contract the surgery center has signed with my insurer that states otherwise. Should my account be referred for collection to an attorney, collection agency or other collection service, I agree to pay the costs of collection, including but not limited to attorney fees, court costs and other reasonable collection fees as may be needed. Additionally, interest at the rate of 1.5% monthly or 18% annually may be charged until my financial obligation is paid in full. I shall be responsible for paying the Center interest on the full outstanding balance at the maximum rate allowed by law. I hereby certify that the information given by me in applying for payment under Titles XVII and XIX of the Social Security Act or by any other payor is correct. I assign to the Surgery Center all benefits due me under the terms of said policies and programs but not to exceed the Center's regular charges for similar services. **I authorize payment of medical benefits to the surgery center for the services provided.**

PATIENT PRIVACY, RIGHTS AND RESPONSIBILITIES: I have been provided a copy of the Privacy Notice. I received prior to the date of admission the Patient Rights and Responsibilities statement. I know to whom I can express suggestions and complaints.

I hereby acknowledge the above statements.

I also acknowledge that I have received the following items prior to the date of the procedure.

- ___ Patient Rights and Responsibilities(Brochure)
- ___ The surgery center's policy about advance directives
- ___ Physician ownership information

Patient Signature	Date/Time	Witness	Date/Time

(In the event the patient is a minor, unconscious or is otherwise not competent to acknowledge and understand due to physical or mental conditions, complete the following.)

Patient's Representative	Date/Time	Witness	Date/Time
Representative Name – Print	Relationship		

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT'S BILL OF RIGHTS:

1. The patient has the right to respectful care given by competent personnel.
2. The patient has the right, upon request, to be given the names of his/her attending practitioner, the names of all other practitioners directly participating in his/her care and the names and functions of other health care persons having direct contact with the patient.
3. The patient has the right to consideration of privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
4. The patient has the right to have records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
5. The patient has the right to know Queensridge Surgery Center's rule and regulations that apply to his/her conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to full information in layman's terms about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his/her behalf to a responsible person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
10. The patient, or if the patient is unavailable to give informed consent, a responsible person, had the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient, or responsible person shall give informed consent prior to actual participation in the program. The patient, or a responsible person may refuse to continue in a program to which he/she has previously given informed consent.
11. The patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, marital status or source of payment.
12. The patient who does not speak English or is deaf shall have access, where possible, to an interpreter.
13. The patient has the right to expect good management techniques to be implemented within the Surgery Center. These techniques shall make effective use of time of the patient and avoid the personal discomfort of the patient.
14. When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
15. The patient has the right to examine and receive a detailed explanation of his/her bill.
16. The patient has the right to expect that the Surgery Center will provide information for continuing health care requirements following discharge and the means for meeting them.
17. The patient has the right to appropriate assessment and management of pain.
18. The patient has the right to be informed of his/her rights at the time of admission.

PATIENT'S RESPONSIBILITIES:

1. The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medication, advance directives and other matters relating to his/her health.
2. The patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner.
3. The patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
4. The patient is responsible for following the treatment plan recommended by the practitioner responsible for his/her care.
5. The patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the responsible practitioner or the Surgery Center.
6. The patient is responsible for his/her actions if he/she refuse treatment or does not follow the practitioner's instructions.

7. The patient is responsible for knowing their health insurance policy benefits with respect to outpatient surgery, including, but not limited to, co-pays, deductibles, required authorizations, referrals and policy limits. In addition, the patient is responsible for ensuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.
8. The patient is responsible for following the Surgery Center's rules and regulations affecting patient care and conduct.
9. The patient is responsible for being considerate of the rights of other patients and Surgery Center personnel, as well as being respectful of the property of other persons and of the Surgery Center.
10. The patient is responsible for following the smoking regulations of the facility.