



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. Stephen Stark
10. Dr. Srinivas Attanti
11. Dr. Suman Pasupuleti
12. Dr. Vinod Miryala
13. 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 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



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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 _____