

## PREPARING FOR YOUR PROCEDURE

You are scheduled for procedure at the DMG Pain Management Surgery Center. There are many things you will need to do to prepare for your procedure. We are providing this “procedure preparation” checklist as a helpful reminder. We want to help in any way that we can. If you have any questions regarding this information or need further assistance, please don’t hesitate to call our Customer Service Department at 630.942.7998.

## PRIOR TO PROCEDURE

A registered nurse will be calling you approximately 5–7 days before your procedure, to discuss your medical history and answer any questions. This medical history will be reviewed by the physician in preparation for your procedure.

A day before your procedure you will be receiving a call from the DMG Pain Management Surgery Center staff providing the time of your procedure and the time you should be at the DMG Pain Management Surgery Center. They will also review any further pre-procedure instructions.

**Remember you must arrange to have a family member or friend accompany you to the DMG Pain Management Surgery Center and stay at the Center during your procedure.**

We try to maintain a calm and quiet environment for our patients. Please arrange for babysitting if you have small children and limit the number of family members in the waiting room.

### *BEFORE YOUR SURGERY, WE WILL:*

Verify your insurance and benefits

Attempt to pre-certify your procedure, if necessary

Send you notification if there are any problems with your insurance

Let you know of any payment you may owe on your day of procedure

Contact you five to seven days before your procedure to discuss your past medical history and answer any questions you may have

Contact you the day before your procedure with the time of your procedure and the time you should be at the DMG Pain Management Surgery Center

### *BEFORE YOUR PROCEDURE, YOU SHOULD:*

Be sure to complete all pre-op testing (lab, X-ray, EKG) that your doctor may have ordered. Please complete testing well before your day of procedure

Make a list of all medication you are currently taking, including dose and frequency and bring this list with you to the DMG Pain Management Surgery Center

Contact your insurance if you have any questions regarding your benefits

Notify us of any changes that have been made to your insurance since scheduling your procedure

## THE DAY OF PROCEDURE

On the day of your procedure a receptionist will go over various forms that need to be completed and will collect any co-payments. Please remember to bring a valid photo ID, your current insurance card and eyeglasses. Please remember not to wear any jewelry or contact lenses. Also, you must bring in a list of medications, with prescribed dose and frequency.

Arrange to have a family member or friend accompany you to the DMG Pain Management Surgery Center and stay at the Center during your procedure. This person must be available to speak with the physician. If sedation will be given during your procedure you will not be able to drive, operate machinery or make critical decisions on the day of your procedure. Additionally, someone should stay with you for 24 hours after you get home.

A member of our staff will then escort you to the Pre-operative area where you will be given a locker to put away your belongings. At this time you will meet with the Registered Nurse and Physician who'll answer any questions you may have. Your physician will also be available to review your consent form. Once all your questions have been answered you will be taken to procedure.

on the day of your procedure, you should:

Remember to bring a valid photo ID, your current insurance card(s), your eyeglasses, your list of medications and any payment you owe

Remember to wear loose, comfortable clothing and slip on shoes

Remember to leave valuables at home, including jewelry and contact lenses

## FOLLOW-UP CARE

A staff member from the Center will be calling you 24 hours following the procedure to discuss your progress and to answer any questions that you may have.

## WHAT TYPE OF ANESTHESIA WILL I HAVE?

Depending on the type of procedure that you are having, there are a variety of types of anesthesia. This depends on your health, type of procedure and the recommendation of the physician.

For your procedure you will receive local anesthesia which provides numbness to a small area and may be injected by your surgeon.

You may also have the option to be given a light IV conscious sedation if requested and deemed appropriate by your physician.

Your physician will discuss the full range of information regarding the use and advantage of each of these anesthetic techniques with you.

## IN RECOGNITION OF THE RESPONSIBILITY OF THIS CENTER IN THE RENDERING OF PATIENT CARE, RIGHTS ARE AFFIRMED IN THE POLICIES AND PROCEDURES

To expect to be treated with respect, consideration and dignity by competent personnel.

To be assured confidential treatment of disclosure of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law or third party payment contract and when law requires release.

To have access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.

To consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.

To know the name and function of any person providing healthcare services to the patient.

To know what ASTC rules and regulations apply to his conduct as a patient.

To expect emergency procedures to be implemented without unnecessary delay.

To good quality care and high professional standards that are continually maintained and reviewed.

To know names and professional relationships of other physicians who may care for him in the absence of his attending physician.

To be provided, to the degree known, in layman's terms information concerning his diagnosis, treatment and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person on his behalf. Except for emergencies, to have been given the necessary informed consent prior to the start of a procedure.

To have the opportunity to participate in decisions involving his healthcare.

To request a second opinion.

To expect reasonable response to any reasonable requests he may make for service.

To refuse treatment (drugs, procedures, etc.) to the extent permitted by law and to be informed of the medical consequences of his actions.

To expect communication in the language which he understands.

To expect treatment without regard to race, color, creed, religion, sex, sexual orientation, national origin or source of payment, except for fiscal capability thereof.

To expect good management techniques to be implemented within the ASTC. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.

In the event of a transfer to another ASTC or hospital, the responsible person will be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.

To know services available, such as provisions for after-hours or emergency care, educational material available and policies concerning payment of fees.

## PATIENT BILL OF RIGHTS, CONT.

To expect that the ASTC will provide information for continuing health care requirements following discharge and the means for meeting them.

To examine and receive an explanation of his bill, regardless of the source of payment.

To expect reasonable continuity of care and how to know in advance the time and location of appointments.

To designate any area where he is cared for or treated as non-smoking areas.

To leave the Facility even against the advice of his physician.

To have all patients's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

To be informed of his rights at the time of admission.

# PATIENT RESPONSIBILITY STATEMENT



To provide to the best of his knowledge accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his health.

To participate in health care decisions and for following the treatment plan outlined by the practitioner responsible for his care. This includes following instructions of the physicians, nurses and other healthcare personnel carrying out the plan of care and enforcing the Facility's rules and regulations.

For ensuring that the financial obligations of his healthcare are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed-upon financial payment plan.

For his actions if he refuses treatment or is non-compliant in following a plan of treatment recommended by his physician.

To know the rules and regulations of the Facility affecting his care and conduct, and for following that Facility's rules and regulations.

For being considerate of the rights of other patients and Facility personnel, and for assisting in the control of noise and smoking.

For being respectful of the property of other persons and of the Facility.

To make known to his physician, attending nurse or other healthcare personnel any concerns or complaints he may have.

To make sure he understands all information regarding the implications of his symptoms, his surgery or procedure (if applicable) and any risks related to having or declining such surgery or procedure, the expected outcomes of the plan of care outlined by this physician, and his responsibilities with regard to that plan of care.

To advise the facility of any advance directives

***Should you have any grievances, questions, or concerns, please feel free to contact the Facility Administrator***

DMG Pain Management Surgery Center, LLC  
2940 Rollingridge Road, Suite 200  
Naperville, IL 60564  
Phone: 630-303-5304  
Fax: 630-527-0417

***In addition, grievances and/or concerns may also be directed to: Illinois Department of Public Health***

535 West Jefferson Street  
Springfield, Illinois 62761  
Phone: 217-782-4977      217-782-4977  
Fax: 217-782-3987  
TTY: 800-547-0466

## QUESTIONS OR COMMENTS

If you are a Medicare Beneficiary, you may contact the Medicare Ombudsman by calling: 1-800-MEDICARE, or by visiting [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp).

Provision of the **IL ADVANCE DIRECTIVE FOR HEALTH CARE (LIVING WILL)** shall be available to each patient or responsible party, upon admission, if requested.

This shall be documented in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.

The Illinois Department of Public Health will print the IDPH Uniform DNR Advance Directives on brightly-colored paper. These forms may be ordered at no charge from the Illinois Department of Public Health by calling 217-785-2080. Forms also may be downloaded from the Department's Web site at [www.idph.state.il.us/public/books/advin.htm](http://www.idph.state.il.us/public/books/advin.htm).

## OWNERSHIP DISCLOSURE

DuPage Medical Group. As members of this corporation, your pain management physician has a minority ownership share in the ASTC.

John Gashkoff - 1356309694

Yousuf Sayeed - 1932155926

Paul Manganelli - 1841247236

## LIVING WILL

A living will tells your health-care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health-care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness your signing of the living will. Your health-care professional cannot be a witness. It is your responsibility to tell your health-care professional if you have a living will if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health-care decisions unless he or she is unavailable.

If you have Advanced Directives, please bring these documents with you, however these will not be honored at the DMG Pain Management Surgery Center. We will perform all life saving measures and transfer your care to Edward Hospital where at that time the hospital may consider your Advanced Directive.

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your healthcare provider, and that relates to your past, present or future physical or mental health or condition.

### Uses and Disclosures of Protected Health Information

The Center may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Your protected health information may be used or disclosed only for these purposes unless the Center has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or state law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally or by facsimile.

- A. **TREATMENT.** We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with the Center with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.
- B. **PAYMENT.** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the surgery that we have scheduled. For example, we may need to disclose information to your health insurer to get prior approval for the surgery. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities. This may include disclosure of demographic information to the anesthesiologists for payment of their services.
- C. **OPERATIONS.** We may use or disclose your protected health information, as necessary, for our own healthcare operations in order to facilitate the function of the practice and to provide quality care to all patients. Healthcare operations include such activities as:
  - Quality assessment and improvement activities.
  - Employee review activities.
  - Training programs, including those in which students, trainees or practitioners in healthcare learn under supervision.
  - Accreditation, certification, licensing or credentialing activities.
  - Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
  - Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their healthcare operations.

- D. **OTHER USES AND DISCLOSURES.** As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

To remind you of your surgery date.

To inform you of potential treatment alternatives or options and/or to inform you of health-related benefits or services that may be of interest to you.



This information describes how we will work with you to help you to understand and meet your financial obligations for payment of DMG Pain Management Surgery Center services and related ancillary and physician fees. It also explains what actions you can take to ensure that this process works smoothly for you.

Please don't hesitate to contact our Customer Service Department at 630.942.7998, if you have any questions.

## BEFORE YOU HAVE YOUR PROCEDURE, VERIFY THAT WE HAVE YOUR ACCURATE ADDRESS AND INSURANCE INFORMATION

It is important that you check with our Registration Staff prior to your procedure to ensure that our records contain the most up to date insurance coverage and personal contact information. Our Registration Staff will contact your insurance company to verify your coverage and benefits and to find out if there are other requirements such as pre-certification, that must be completed before you have the procedure. After the procedure this updated information will help us to submit claims to the correct location and send patient statements to the correct address.

## TAKE ACTION TO RESOLVE YOUR FINANCIAL LIABILITY

Your health insurance may not cover all of the costs associated with your procedure. In fact, some procedures may be excluded from coverage. Our Registration Staff will contact you after they have verified your benefits if there are any questions regarding your coverage. Patients with health insurance typically have liability through co-payments, deductibles and/or coinsurance.

## PAYMENT DUE DATES

### *When insurance doesn't cover the charges*

If you are financially responsible for the charges, we expect payment in full on or before your scheduled day of procedure. For your convenience, we accept most major credit cards, personal checks or cash. A personal check for payment must be received seven business days prior to your procedure.

Cash, cashier's check, certified check or credit card may be submitted the day of your procedure.

### *When insurance covers some or all of the charges*

If you have insurance that covers all or a portion of your charges we will send you a statement once your insurance has determined what your liability will be. You will not be responsible until the insurance pays its portion of the charges. (The exception to this is any co-payment which is due at the time of service.) We will send you a statement when there is a balance on your account and continue to send you statements until that balance is resolved. We expect payment within 21 days after you receive the statement showing your charges.

You may pay in person at any DuPage Medical Group site. Please see the Patient Statement section for the address if you wish to mail your payment.

### *When you are not able to pay your balance in full*

Please contact Customer Service at 630.942.7998 to make payment arrangements. We will work with you to set up a payment plan.

## FINANCIAL AGREEMENT FOR NON-COVERED SERVICES

If your insurance plan restricts coverage for a medically necessary service, or we have reason to believe your insurance plan will not pay for your procedure, we will ask you to sign a financial agreement. This document describes the proposed service and explains that you will be financially responsible for the costs associated with the procedure, if your insurance does not pay.

For non-covered services, we expect payment in full on or before the day of your scheduled service. Please see the Payment Due Dates section for additional details on payment. We will be happy to explain your charges, any self-pay discounts that may apply in your case and your costs. You will receive an estimate that contains additional information regarding your costs.

## BE PREPARED TO PAY YOUR CO-PAYMENT AT CHECK-IN

A co-payment is a set dollar amount that you must pay when you receive care in certain settings such as your doctor's office, the emergency room or a DMG Pain Management Surgery Center. If you have a co-payment as part of your benefits, it will be due at the time that you check in to the DMG Pain Management Surgery Center. For your convenience, we accept most major credit cards, cashiers checks or cash.

## UNDERSTAND YOUR MEDICAL INSURANCE BENEFITS SO YOU ARE AWARE OF YOUR OUT OF POCKET COSTS

A deductible is a set dollar amount that you pay before your insurance begins to pay its portion of the charges. A coinsurance is a percentage of the charges that you pay while the insurance company pays the remaining percentage. When you owe a deductible or coinsurance amount we will bill you after your insurance company has processed your claim and paid their portion of the charges. We expect payment in full within 21 days after you receive your statement.

## PATIENT STATEMENTS

You will receive a statement from the DMG Pain Management Surgery Center once your insurance has determined what your liability will be. You will also receive a statement from DuPage Medical Group with your liability for your physician's charges. You may pay these in person at any DuPage Medical Group site or you may pay by credit card by calling our Customer Service Department at 630.942.7998 or you may mail payment to us at 62284 Collections Center Drive Chicago, IL 60693-0622. We expect payment within 21 days after you receive the statement showing your charges.

## ADDRESS PROBLEMS

Review your billing statements and contact Customer Service at 630.942.7998 if you believe that your statement is not correct, if you don't understand your statement or if you can provide us with updated information. Please contact us if you cannot pay your balance in full or cannot honor previously made payment arrangements.

## DELINQUENT ACCOUNTS

Patients who do not pay their balance in full, who have defaulted on their payment plan or have not worked with our staff on payment arrangements will be considered delinquent after 60 days. Delinquent accounts may be sent to a third party collection agency and these patients may be dismissed from DuPage Medical Group.

## REFUNDS

If your procedure is cancelled and you have made payment, we will automatically refund your money within two weeks from your scheduled procedure date. Please contact Customer Service at 630.942.7998 if you have any questions regarding this process.

## FACILITY OWNERSHIP

DuPage Medical Group physicians have a financial interest in the DMG Pain Management Surgery Center and this interest is less than one percent of the total ownership.

# IMPORTANT PHONE NUMBERS

## GENERAL PROCEDURAL QUESTIONS

630 303 5304

*If you have any general questions about your procedure*

## DMG PAIN MANAGEMENT SURGERY CENTER

630 303 5304

*For pre-operative instructions or status of a procedural patient*

## ADMINISTRATION / ADMINISTRATOR

630 303 5304

## INFORMATION ON HOW TO REACH YOUR DOCTOR

630 967 6000

## QUESTIONS REGARDING YOUR INSURANCE COVERAGE

630 942 7998

## IF YOU NEED TO CANCEL YOUR PROCEDURE

630 303 5304

*On the day of the procedure*

630 967 6000

Before the day of the procedure, please contact your physician's office.