

Your surgery date is _____

A pre-op nurse will call you two days before your surgery with your check-in time.

Your surgery should start approximately 1 hour following admission.

Surgery and check-in times are subject to change due to cancellation and emergency conflicts.

You will be notified as early as possible of any changes. We appreciate your flexibility.

Parking: Seattle Orthopedic Center provides complimentary patient parking. The parking garage is located on the ground level. Access to the garage is located on Eastern Street, just off 45th Street.

Changes in Health Status:

Please notify your surgeon if you are experiencing any significant change in your health status or develop a cold / influenza, bladder infection, diarrhea, or other infection before your surgery.

Pre-Operative Diet / Medication Instructions:

- Do not have anything to eat after midnight. This includes **all alcohol, marijuana**, breath mints/throat lozenges, chewing gum.
- You may drink water only until 3 hours before your check-in time. After that, absolutely nothing by mouth.

If the pre-op nurse gives you instructions regarding eating/drinking before surgery, please follow his instructions.

Five (5) days prior to surgery stop taking:

- Warfarin (Coumadin), Clopidogril (Plavix), ticlopidine (Ticlid), pentoxifylline (Trental). Please contact your prescribing physician to discuss stopping this medication prior to surgery.

Morning of surgery:

- **DO NOT** take Oral Hypoglycemics (see special diabetic instructions) and Particulate Antacids (Tums, Roloids, Maalox).
- **DO** Take your usual morning medications with a small sip of water on the day of surgery.

(see reverse side)



Pre-op Communication

Seattle Orthopedic Center

Planning for surgery requires you and your Surgery Scheduling Coordinator to work closely together. Your Surgery Scheduling Coordinator schedules the anesthesiologist, OR staff and room, and allocates equipment. Your Surgery Scheduling Coordinator will also work with you to schedule any pre-operative doctor appointments and testing, if needed.

The facility (Seattle Orthopedic Center ASC) will give you, the patient, the correct surgery time **two days** prior to your surgery, to help you make all necessary plans for day of surgery and your after care.

If you need to cancel or reschedule your surgery, or injection, please contact your Surgery Scheduling Coordinator directly. The facility requires a 72 hour prior notice of cancellation or reschedule. In the event you cancel or reschedule your surgery or injection, after the 72 hour time limit, and it is not due to a medical emergency, you will incur a \$200.00 fee for surgeries and \$50.00 for injections. This fee is not billable to insurance and is the patient's responsibility to pay in full.

For your convenience we have provided you with the contact information of your Surgery Scheduling coordinator below.

Surgery Scheduling Coordinators contact information

Dr's Franklin, Peterson II, Reed, Shapiro, Watt, and Weil

Ballard location (Tallman Ave) **Kelly- 206-297-5405**
Wallingford location (45th St.) **Meagan- 206-633-8112**

Dr. Ruhlman **-Leisa- 206-633-8133**

Dr. Downer **-Jayce- 206-297-5411**

You may also call our main line (206) 633-8100, and be transferred to the appropriate surgery scheduler if you are unable to get through to her on her direct line. When leaving a voicemail, and it is not urgent, please allow 24 hours for a return call. It is very helpful if you leave all pertinent information related to your surgery when leaving your message.

Note: If you are calling within the 2 days prior to your surgery, regarding surgery times, anesthesia clearance, or other medical questions pertaining to your surgery day, please call directly to the nurse's station at 206-633-8196.

Thank you for your consideration.



Dear Patient,

Your upcoming surgery is being scheduled at the Seattle Orthopedic Center (SOC).

Just like a large hospital or any other surgical facility, SOC will submit a bill to your insurance company for *facility* services provided during your procedure. This bill is entirely separate from your surgeon's *professional* fees.

Your insurance plan may require that you pay a portion of this facility fee, regardless of where your surgery is performed.

Prior to surgery, a representative from SOC will verify benefits with your insurance company. The SOC representative will then contact you with an estimated cost of your surgery, and how it relates to those benefits. If there is a patient responsibility associated with your plan, a prepayment of at least half may be required at the time of service (usually the day of surgery).

Please feel free to contact your insurance plan directly for a better understanding of your healthcare benefits. The telephone number should be located on either the front or back of your insurance card.

Should you need further assistance, please call:

Nhule
Facility Scheduler/Authorization Coordinator
Seattle Orthopedic Center
(206)633-8158



PRESCRIPTIONS FOR NARCOTICS

IN AUGUST 2014, THE FOOD AND DRUG ADMINISTRATION (FDA) MADE CERTAIN NARCOTICS MORE DIFFICULT TO PRESCRIBE. THE NARCOTICS IMPACTED BY THIS CHANGE ARE HYDROCODONE COMBINATION DRUGS, SUCH AS VICODIN AND NORCO. PREVIOUSLY, THESE PAIN MEDICATIONS COULD BE REFILLED, AS WELL AS FAXED OR TELEPHONED TO A PHARMACY. **MOST NARCOTIC PAIN MEDICATIONS NOW REQUIRE A WRITTEN PRESCRIPTION THAT MUST BE OBTAINED DIRECTLY FROM YOUR PROVIDER'S OFFICE.**

WHAT THIS MEANS FOR YOU?

YOUR PROVIDER CAN NO LONGER AUTHORIZE REFILLS OR TELEPHONE A PRESCRIPTION FOR A NARCOTIC TO A PHARMACY, INCLUDING AFTER HOURS. IF YOU BELIEVE YOU WILL NEED A PRESCRIPTION FOR A NARCOTIC, PLEASE REQUEST THE PRESCRIPTION AT YOUR OFFICE VISIT. OTHERWISE, PLEASE ALLOW TWO (2) BUSINESS DAYS FOR YOUR PROVIDER'S OFFICE TO PREPARE A WRITTEN PRESCRIPTION FOR YOU TO PICK UP.

Patient Rights and Responsibilities

This facility and medical staff have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

PATIENT RIGHTS

- Impartial treatment without regard to race, color, sex, national origin, religion, handicap or disability.
- To be free from acts of discrimination or reprisal, to receive considerate, respectful, and safe care that is dignified at all times and to be protected from abuse, harassment and neglect and have knowledge of and access to protective services.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems with your care. To the extent permitted by law, this includes the right to refuse treatment. If the patient is adjudged incompetent or the patient has designated a legal representative or a family member, the person appointed/designated shall fully participate in decisions regarding the patient's care.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life threatening event occur, you will receive resuscitative or other stabilizing measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the facility to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professional as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care is fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

FEEDBACK

Our goal is to provide the best surgical experience possible while in our Ambulatory Surgery Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our ASC without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC Manager, or you may mail your comments to us.

If you feel it is necessary, complaints may also be shared with: **WASHINGTON STATE DEPARTMENT of HEALTH, HSQA COMPLAINT INTAKE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, 1-800-633-6828, 360-236-2626(fax) HSQAComplaintIntake@doh.wa.gov or OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, 1-800-MEDICARE (1-800-633-4227), www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.**