

Maryland Spine and Sports Surgi-Center, L.L.C.

Dear Patient,

The purpose of this letter is to provide you with some information regarding the services offered to you by Maryland Spine and Sports Surgi-Center, L.L.C.

Maryland Spine and Sports Surgi-Center, L.L.C. is one of few Medicare certified surgical facilities in Howard County. Medicare certification of our facility indicates that the facility is in compliance with the strict standards of care established by Medicare for ambulatory surgical facilities. Most insurance companies and HMO's use the rigorous standards of Medicare certification as their own criteria for excellence in this area. The facility is constructed in compliance with life safety requirements and appropriately equipped for the types of procedures performed in the center. The center has equipment necessary for anesthesia services and emergency equipment and drugs to respond to emergencies which may arise in the facility. The staff is appropriately trained and fully oriented to the policies and procedures of the facility.

Having your procedure completed at Maryland Spine and Sports Surgi-Center, L.L.C. provides many advantages to you. It is normally more convenient for you to have your procedure completed here in a familiar setting with familiar faces. Often your procedure can be scheduled to more easily accommodate your schedule. Your choice to have your procedure completed at Maryland Spine and Sports Surgi-Center, L.L.C. may prove to be more cost effective to you and your insurance carrier. **In addition to your doctor's bill for the medical service provided, your insurance provider will be billed a facility fee, just as a hospital or ambulatory surgical facility does, but in many instances, our fees are less than the fees charged in other settings. You will be responsible for deductibles and copays.**

Due to changes in healthcare law, and in an effort to provide you with exceptional care, you will find a brief nursing evaluation and some additional verification of your medical history will be completed prior to your scheduled procedure. The purpose of this is to ensure accurate evaluation and treatment in the safest manner possible to you. We thank you for your patience with the additional paperwork

We hope you find using Maryland Spine and Sports Surgi-Center, L.L.C. both comfortable and convenient. We encourage you to ask any questions you may have regarding the facility.

The Physicians and Staff

Procedure Instructions

You are scheduled to have an injection at Maryland Spine and Sports Surgi-Center.

Please provide our office with all medication you are taking prior to your procedure. All medications can be taken as usual, other than blood thinners. Please discuss your specific instructions with your doctor if you are taking these medications.

If having a spinal injection, we ask that you eat light meals only prior to the appointment. You will be lying on your abdomen, and we would like you to be as comfortable as possible. There is no fasting required for this procedure.

Please dress in comfortable clothing such as shorts or sweatpants. Depending on the type of injection, you may be asked to change into a gown.

We ask that you arrive one half hour prior to your procedure. A nurse will take your current health information and obtain your vital signs. She will be monitoring you before, during and after the procedure. The procedure will take about a half hour.

It is very important that you bring a responsible adult to drive you home. No appointments can be scheduled after 3 o'clock unless you have a driver.

Please contact our office if you have any questions regarding these instructions, or your upcoming appointment.

Maryland Spine and Sports Surgi-Center, L.L.C.
5005 Signal Bell Lane
Suite 207
Clarksville, MD 21029

Name: _____

I know that I have a health problem that requires diagnosis and/or treatment or surgery. Therefore, I voluntarily consent to my admission and treatment at Maryland Spine and Sports Surgi-Center, L.L.C. I authorize the release of any medical information to process insurance claims related to this admission.

I am aware that my physician may have ownership interest in Maryland Spine and Sports Surgi-Center, L.L.C. If I choose to go to another health care facility for this procedure, it will not adversely affect my relationship with my surgeon or physician.

Assignment of Insurance Benefits

I hereby authorize payment directly to Maryland Spine and Sports Surgi-Center, L.L.C. of the health insurance benefits otherwise payable to me during this or future admission. I acknowledge that I can reverse this authorization at any time. Within 24 hours, a claim will be filed with your health insurance carrier. You will be notified when final action (payment, denial, etc.) has been received.

I have read and understand the terms of the above policy statement.

Patient or authorized representative

Date

Relationship

Witness

MARYLAND SPINE AND SPORTS SURGI-CENTER, L.L.C.

Patient Name: _____

I hereby acknowledge I have been advised of the following surgery center practices and policies:

- 1. I have received a verbal explanation and have been offered a written copy of the Patient Bill of Rights. Initial _____

- 2. I have received information regarding the facility financial policies and I was offered a copy of the Facility Financial Policy. Initial _____

- 3. I have received information regarding the facility Privacy and Confidentiality Policy. I was offered a written copy. Initial _____

- 4. I have received information regarding the surgery center advance directives policy. I was advised I could receive a copy of the official State advance directives form. Additionally, I have been advised that should I have advance directives, I may bring them to the surgery center and they will be placed in my medical record. I was advised the surgery center does not recognize advanced directives. Initial _____

Do you have advance directives? Yes ___ No ___

Patient provided the surgery center with a copy of their Advance Directives? Yes ___ No ___

- 5. I have been advised, Clark Brill, M.D., Aaron Twigg, M.D. and John Collins, D.O. have ownership or financial interest in the surgery center. Initial _____

Signature _____

Date _____

Witness _____

Date _____

**Maryland Spine and Sports Medicine L.L.C.
Ambulatory Surgical Center Health History**

Name: _____

Date of Birth: _____ Age: _____ Sex M _____ F _____

Name of Referring Physician: _____

Prescription Medications: Please list additional medications on back of form:

| | | |
|---------------------|---------|------------|
| Name of Medication: | Dosage: | Frequency: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have drug allergies? Yes _____ No _____ If yes, please list below:

| | |
|----------|-----------|
| Allergy: | Reaction: |
| _____ | _____ |

Are you allergic to Latex? Yes _____ No _____

Are you allergic to IV Dye or Iodine? Yes _____ No _____

Past medical history: None

- | | | |
|---|---|---|
| <input type="checkbox"/> Recent infection/fever | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Back pain | <input type="checkbox"/> Bleeding/bruising |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Ulcer/reflux disease |
| <input type="checkbox"/> Lightheaded/dizzy | <input type="checkbox"/> Sciatic pain | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Cancer: _____ |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Vision problems | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Glasses/contacts | |
| <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Neuropathy | |
| <input type="checkbox"/> Other: _____ | | |

Patient Signature: _____ Date: _____

Office Use Only

| | | | | | |
|-----------|-------|-------|-------|-------|-------|
| Physician | _____ | _____ | _____ | _____ | _____ |
| RN: | _____ | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ | _____ |

PATIENT'S RIGHTS AND RESPONSIBILITIES

The services of the ambulatory surgery center shall be available to all individuals regardless of race, color, creed, sex, religion or national origin. All patients and their families shall be treated with respect, consideration and dignity.

All patients are encouraged to actively participate in their medical and surgical treatment plan. Patients shall be provided with all relevant information concerning their diagnosis, treatment and prognosis. When necessary or appropriate this information will be available and discussed with an appropriate patient designatee or legally authorized patient representative.

Representatives from the ambulatory surgery center will ensure the following information has been made available to each patient, both verbally and in writing, in a language and manner that the patient or the patient's representative understands:

1. Maryland Spine and Sports Surgi-Center, L.L.C. provides pain management surgical and diagnostic services. Patients shall be advised should the facility fail to maintain malpractice insurance.
2. The provisions regarding the normal hours of operation of the ambulatory surgery facility and specific directions to address after hours emergency concerns or issues which may arise. The patient, or the patient's representative, shall receive both written and oral discharge instructions providing guidance and appropriate telephone numbers to accomplish after hours contact
3. The patient shall receive clear and concise information regarding the procedures planned, the anticipated outcome or results, and the consequences of refusing treatment or not complying with the established treatment plan. There shall be a written, signed and witnessed surgical consent obtained prior to each surgical or diagnostic procedure performed in the facility.
4. The ambulatory surgery center shall not provide treatment to unemancipated minors not accompanied by an adult. The minor's parent, legal guardian or properly designated and pre-authorized representative must be present at the facility prior to an unemancipated minor receiving treatment in the facility. A pre-authorized patient representative must be designated in writing by the minor's parent or legal guardian prior to the date of surgery.
5. The patient shall be advised if the proposed treatment is experimental research. The patient shall be provided full and complete explanation regarding the procedure, the prognosis for success and alternatives. The patient shall have the right to refuse experimental research procedures, as well as any course of treatment with which they do not agree or approve. Patients may change their primary or specialty physician.
6. Each patient shall receive information regarding the fees associated with the use of the facility prior to the date of their procedure. The patient shall be advised of the ambulatory surgery center's policy regarding the processing of insurance forms, the payment of patient co-pays and deductibles and the policy concerning balance billing for services rendered. Patients shall be provided with appropriate privacy throughout the delivery of healthcare services.
7. All information provided to the patient concerning the ambulatory surgery center shall accurately reflect the facilities competence, capabilities, licensure, certification, and accreditation.
8. I have been advised that John Collins, D.O., Clark Brill, M.D. and Aaron Twigg, M.D. have a financial interest or ownership of Maryland Spine and Sports Surgi-Center, L.L.C..
9. Patients, or the patient's representative, will be advised in advance of the date of the procedure with information concerning the facility policies on advanced directives, including a description of applicable State health and safety laws, and, if requested, a copy of the official State advance

directive forms. Patients may have advanced directives regarding their healthcare. Surgical center staff will inquire as to whether a patient has advanced directives and discuss the impact of such Advanced Directives on the patient's healthcare services to be provided by the surgery center. In the event of an emergent medical event occurring during your surgical procedure, you will be stabilized and 911 will be called to transport you to the closest hospital. **The surgery center does not recognize Advanced Directives.**

10. The surgery center has a grievance policy which provides a mechanism for the filing of grievances or complaints with the facility management. All alleged grievances or complaints will be addressed by the Medical Director within forty-eight hours. Any grievance or complaint relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, will be documented. The individual filing the alleged grievance or complaint will receive a written response within one week. Substantiated allegations will be reported to the State authority or the local authority, or both. All grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished will be immediately investigated and documented. The surgery center will document how the grievance was addressed, as well as, provide the patient with written notice of its decision. The decision will contain the name of the surgery center contact person, the steps taken to investigate the grievance, the results of the grievance process and the date the grievance process was completed.

Grievances or complaints should be directed to John Collins, D.O. in writing or by telephone at 443-535-9900.

Grievances or complaints regarding the surgery center may also be directed to the Maryland State Department of Health and Mental Hygiene, Office of Health Care Quality, Program Manager, Ambulatory Care Services, Bland Bryant Building, 55 Wade Avenue, Baltimore, Maryland 21228 or at 800-492-6005 or 410-402-8040 or by completing a written Compliant Report Form available from the ambulatory surgery center management.

Additionally, grievances or complaints may be filed on the Web site for the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.

11. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal; to voice grievances regarding treatment or care that is (or fails to be) furnished; to be fully informed about a treatment or procedure and the expected outcome before it is performed.
12. If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
13. The patient has the right to personal privacy, receiving care in a safe manner, and being free from all forms of abuse or harassment.
14. The surgery center will comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR, parts 160 and 164.
15. Information regarding provider credentialing will be maintained by the surgery center and shall be available to patient's upon request.

Patient Privacy Policy

It is the policy of Maryland Spine and Sports Surgi-Center to protect the privacy of our patients to the fullest extent. In order for us to do this, we also need the co-operation of you, our patient. The following are our attempts to be compliant with the Health Insurance Portability and Accountability Act (HIPAA).

1. All patient records are kept within the confines of this office unless there is written permission from the patient or guardian for them to be removed.
2. No records will be displayed where they are in a position to be read by any parties unrelated to their testing or treatment.
3. No records will be relayed via mail or fax unless written permission is given by the patient or guardian, or it is a matter of continued medical care by his or her personal physician whom he or she has named on their "Patient History Sheet".
4. No patient records will be given to any other parties, such as attorneys or employers, without written permission from the patient or guardian.
5. We only use the most up-to-date methods for our Electronic Claims Transmission, and these relay facilities have taken every step to also be in compliance with the HIPAA regulations and have given us written notice of such actions.
6. Our staff has received instructions, both verbal and written, regarding maintaining the confidentiality of the patient information, and the inappropriateness of discussing personal or medical patient information outside the confines of this office.
- 7.

It is our intent for these measures to protect our patient's information.

Advanced Directives

Maryland law allows every patient the right to refuse medical treatment. Maryland Spine and Sports Surgi-Care does not honor advanced directives. If an adverse event occurs, all efforts will be made to provide medical care, and the patient will be transferred to a hospital for treatment.

Billing Information

After your procedure, Maryland Spine and Sports Surgi-Center, L.L.C. will submit your bill to your insurance company. You will receive a separate billing statement from your doctor. Please contact our billing office with any questions regarding your statement.

Disclosure of Ownership

Your physician has a financial interest in Maryland Spine and Sports Surgi-Center, L.L.C.