



## **PATIENT ADMISSION AND REGISTRATION INFORMATION**

### **WELCOME**

We look forward to providing you the best possible health care experience in our ambulatory surgery facility. Modern medical techniques and equipment have made it possible for you to have non-emergent outpatient surgery and return to the comfort of your home the same day. A group of highly-respected and well-trained physicians from the surrounding community and Neospine, LLC have come together to offer you a safe, high quality surgical care facility, and was designed to offer you an affordable convenient alternative to overnight hospitalization, enhancing your choices for high quality ambulatory health care and surgical services.

### **SURGICAL SERVICES INCLUDE:**

- Pain Management Procedures
- Minimally Invasive Spine Procedures
- Neurosurgery

### **PROVIDING QUALITY CARE**

All of us at Microsurgical Spine Center are committed to providing you with the best possible care. This commitment is demonstrated by our licensure by the Kentucky Department of Health Services and Medicare certifications from the Centers for Medicare and Medicaid Services (CMS). These organizations have established high standards for the practice and delivery of surgical services. As a result, we strive to deliver the highest level of care to you, our patients, and therefore uphold licensing and certification.

### **PROCEDURE SCHEDULING**

Your physician's office staff will assist you with coordination of scheduling the date and time of your procedure. To make your visit with us a convenient and comfortable experience, please provide accurate and complete information regarding your name, address, birth date, social security number, and current health insurance information. Although you may have previously submitted this information, spelling errors and outdated information could lead to unexpected and possible lengthy delays with the admitting process.

***Please note: Inaccurate patient information could lead to our inability to accurately bill your insurance company. Bad claims information may cause the insurance company to deny your benefits. In this event, all charges for the procedure would become your responsibility. Please take a few minutes to make sure your personal and insurance information is accurate and up-to-date.***

### **ADMISSIONS PAPERWORK**

To expedite your admitting experience, we are providing you with many, (but not all) of the forms that require your review and signature prior to your procedure. By taking a few moments at home to review, read, and sign the enclosed forms, the overall admitting process will be more pleasant. We are required to have you complete certain forms at the facility on the day of admission. These will be provided to you when you arrive at the center.

Please take a few minutes to review and complete the following documents necessary for admission to **Microsurgical Spine Center**. This packet should contain the following documents:

- Patient Information
- Patient Billing Procedures
- General Information about Anesthesia
- Patient Current Medication Record
- Patient Rights and Responsibilities
- Notice of Privacy Practices (HIPAA Act)

If any of these documents are missing or you have any questions about them, please call the surgery center at (253) 841-0705 and we will make arrangements to send you additional copies and answer your questions.

Please make sure to bring all completed paperwork with you on the date of your procedure.

We hope this registration packet assists you with a convenient and comfortable admission process. We look forward to seeing you soon and providing you with a positive health care experience.

### **PREPARING FOR YOUR PROCEDURE**

The night before your surgery you may eat a light snack before 10pm. Do not drink or eat anything after midnight, including water or coffee, unless instructed otherwise by the surgery center staff. Adhering to this guideline will reduce the possibility of nausea and vomiting following anesthesia. You should brush your teeth, remembering not to swallow anything. Refrain from using mints, chewing gum or cigarettes.

**★★ Failure to follow these instructions may result in the cancellation of your surgery. ★★**

Please do not take any medication after midnight **unless instructed by your physician or our office**. If you are diabetic or on blood pressure or heart medication, obtain specific instructions from the surgery center.

If you have not been contacted at least 24 hours before your surgery, please call the surgery center (253) 841-0705, and ask to speak with a nurse to receive specific instructions.

### **FOLLOW THESE GUIDELINES BEFORE YOUR SURGERY**

- Please arrange in advance for a responsible adult to drive you home and remain with you the first 24 hours after surgery. You will not be allowed to have your procedure without prearranging this responsibility. **You cannot drive yourself or be left alone.**
- If you have received your post-procedural medications from your physician, we recommend that you fill these medications before your procedure. This will prevent you from having to stop and obtain them on the way home following your procedure.
- Please notify your surgeon before coming to the center if there is any change in your physical condition, such as a cold or fever.
- Be prepared to sign a form giving your consent for the procedure. If you are under 18 years of age, a parent or legal guardian **must** accompany you to sign the consent form.
- Please consider traffic delays. Plan to arrive promptly at your designated time.

- A nurse will provide you with a patient gown and a place to store your clothing in the preoperative area. We will also check your temperature, blood pressure, and pulse. You will also be asked to empty your bladder before your procedure.
- Your family, friends and companions will be asked to wait in the front lobby during your procedure or surgery. They cannot “observe” your procedure. The surgeon will speak with your family immediately following surgery.
- If you wear contact lenses, dentures, or bridgework, please leave them at home, if possible.
- If you wear glasses, bring your case for their safekeeping. For your other personal possessions, you will be asked to have a responsible adult hold them for you during the procedure.

## THE DAY OF SURGERY

**To help us meet all your health needs, please follow these guidelines:**

- Please bath or shower before your surgery.
- Remove all makeup. Do not use lotions or oils after bathing.
- Wear loose, comfortable clothing, such as sweat suits and easy-to-button shirts or blouses that fit extra large to accommodate a large bandage after your procedure.
- Wear comfortable flat-soled shoes.
- Leave all unnecessary valuables, such as jewelry and contact lenses at home.

***Please note: we do not have a safe or the ability to securely store your personal valuables; therefore, we cannot be responsible for damaged or lost property.***

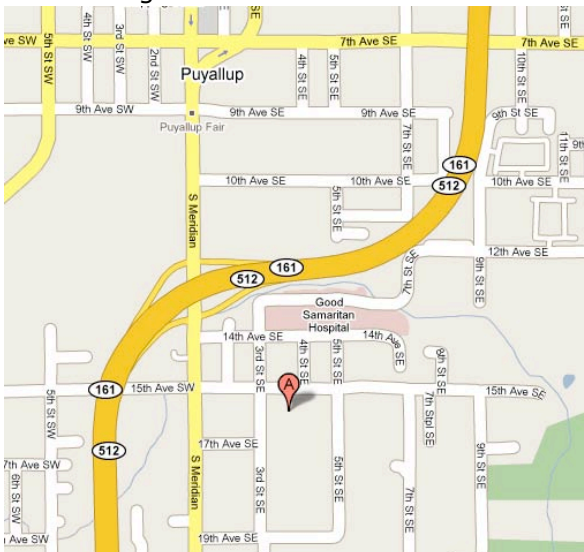
**Following is a check list of required items for admission:**

- Photo I.D. or driver’s license.
- Insurance Information (card) or worker’s compensation information/authorization.
- Cash, check, or credit card to pay for your co-payment or deductible requirements
- Advance Healthcare Directive (if available)
- Completed paperwork from this packet

## DRIVING DIRECTIONS

We are located in the same building as the South Sound Neurosurgery –

- Right across the hall in Suite 102



## POSTSURGICAL CARE SUGGESTIONS

Before you leave the center, you will be given verbal and written instructions for your care at home. After you have returned home, please follow your doctor’s orders regarding diet, rest, medication and activity. If you are tolerating clear liquids, then try soft/bland foods, and then progress your diet as tolerated. By the next day you should be back to your normal diet. You may feel a little sleepy, lightheaded or

dizzy for several hours after your operation.

- Do not sign any important papers or make any significant decisions for at least 24 hours.
- Do not drive a car, smoke, drink alcoholic beverages, operate machinery or cook for at least 24 hours after returning home from your procedure.

If you have any questions or concerns after your procedure, please contact your doctor immediately. A nurse from the center will call you within a few days after your surgery to see how you are recuperating and answer any additional questions you might have.

### **OUR CARE OF YOUR CHILD (16 and older)**

At the Microsurgical Spine Center, we strive to meet the special needs of children by creating a comfortable, relaxing atmosphere. Parents should discuss the procedure with the child beforehand to help alleviate anxiety. A tour of the facility can be arranged to provide additional information and enhanced comfort. Parents can call the center to schedule a tour. Parents may remain with the child up until the time of surgery. At least one parent **must** remain at the surgery center from the time of the child's admission through discharge. After surgery, parents may rejoin the child in the recovery room. If possible, we recommend that one adult drive home while another cares for the child. Unless absolutely necessary, we recommend that you do not bring the child's siblings to the center.

### **WE ARE HERE TO HELP**

If you have any questions or concerns, please contact the center at any time. We are dedicated to making your visit with us comfortable as possible. A copy of the Patient Rights and Responsibilities is enclosed in this admissions packet. All of us at Microsurgical Spine Center appreciate the trust you have placed in our facility for your health care needs. We work hard every day to provide you and your family with a high quality, safe, and efficient experience. At any time during your visit, please feel free to comment to the staff regarding recommendations and clarifications for your visit. We will gladly do what we can to accommodate your special needs.

**Thank you for choosing Microsurgical Spine Center for you health care needs.**

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