

At Home After Surgery

Post-operative instructions and any prescription(s) written by your surgeon will be reviewed with you by a recovery room nurse prior to your discharge home. During the next 24 hours following surgery, please:

- Do not drink alcoholic beverages.**
- Do not drive or operate machinery.**
- Do not make any important decisions or sign any legal documents.**

Please do not hesitate to call your doctor for any problems or concerns that arise after your surgery.

Insurance and Billing

You must bring your insurance card(s) on the day of surgery, we will gladly file a claim with your insurance company. If you have a facility co-payment, deductible, or any outstanding balances they will be required the day of surgery. We do not accept checks or American Express.

If your claim is to be filed with workman's compensation, bring the name, address, and claim information.

For patients without insurance your payment is due in full at the time of service. Call (316) 262-7263 for more information.

You will receive billing from the following:

- The Center for Same Day Surgery
- Physician
- Anesthesia
- Possible Pathology or Lab

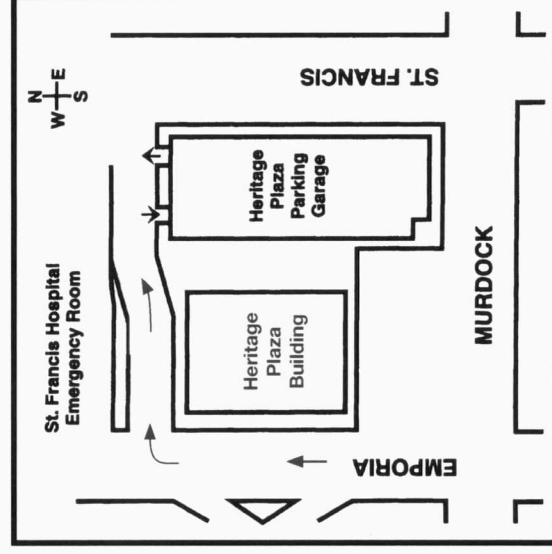
If you cannot make your appointment please contact us. If you do not cancel within 24 hours of your procedure you may be assessed a \$50 fee.

Thank You

The Center for Same Day Surgery thanks you for allowing us to serve you. We hope your stay will be as comfortable as possible, and we wish you a speedy recovery. If you provide an email address at check in you will receive a survey, please take time to complete it as your feedback is very important to us. We welcome any suggestions that you may have to improve our processes.

When You Arrive...

The Center for Same Day Surgery is on the first level of the Heritage Plaza building. The building is located directly south of St. Francis Hospital Emergency Room, northeast of the Murdock and Emporia intersection. At the front of the building is a carport. Drive through this to reach the entrance to the parking garage.



The Center for Same Day Surgery

818 N. Emporia, Suite 108
Wichita, Kansas 67214
(316) 262-7263

THE CENTER FOR SAME DAY SURGERY

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THE CENTER FOR
SAME DAY SURGERY

P A T I E N T
I N F O R M A T I O N

Patient Name

Date of Surgery

Surgeon

THE CENTER FOR SAME DAY SURGERY
PREOPERATIVE PATIENT HISTORY CHECKLIST

PATIENT LABEL

Today's Date _____ Patient Name _____
DOB ____/____/____ Age ____ HT ____ WT ____ Sex ____

Name/Number of your Primary Care Physician _____

Do You Have Any Allergies to Medications? _____ If so, List the Allergy and The Reaction. Or List Attached ☐

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

CHECK THE FOLLOWING THAT APPLY:

SYSTEMIC

____ Recent Fever
____ Diabetes
____ Thyroid/Thyroid Surgery
____ Liver Problems
____ Hepatitis/Type _____
____ AIDS/HIV
____ Arthritis
____ Seizures/Epilepsy
____ Last Seizure _____
____ Tremors
____ Alcohol Use/ Frequency _____
____ Street Drug Use
____ Cancer/ Type _____
____ History of MRSA

RESPIRATORY

____ Cough, Cold, Nasal Drainage
____ Asthma
____ Emphysema
____ COPD
____ Chronic Cough
____ History of Tuberculosis
____ Sleep Apnea/BiPAP/CPAP
____ Home O2 use _____ Liters
____ Smoker _____ Years _____ PPD
____ Exposure to 2nd Hand Smoke
____ Recent Travel (past month)
____ outside the US

VASCULAR

____ High Blood Pressure
____ Coronary Artery Disease
____ Heart Attack _____ (Year)
____ Stent(s) _____ (Year)
____ Murmur/Heart Valve Condition
____ Heart Failure
____ Pacemaker/Defibrillator
____ Irregular Heartbeat
____ Heart Surgery _____ (Year)
____ Recent Chest Pain
____ Stroke/Paralysis
____ Peripheral Vascular Disease
____ Most Recent EKG _____ (Year)

GI/GU

____ Stomach Problems
____ Hiatal Hernia
____ GERD/Reflux
____ Kidney Problems
____ Bladder/Prostate
____ Constipation
____ Diarrhea
____ Current/History of C-DIFF
____ Rectal Bleed/Hemorrhoids

EENT

____ Cataracts
____ Glaucoma
____ Hard of Hearing
____ Recent Ear Infection
____ Sinus Problems
____ Seasonal Allergies
____ Tonsillitis
____ Dentures/Partials/Missing
____ or Loose Teeth

FEMALES

____ Hysterectomy/Tubal Ligation
Do You Have Menstrual Cycles
____ Yes ____ No
Date of Last Menstrual Cycle _____
Recent Pregnancy (Within Past Year)
____ Yes ____ No
Breastfeeding (if Applicable)
____ Yes ____ No

Psychosocial History _____

Any Medical Conditions Not Listed _____

Have You Ever had Anesthesia _____ Have You or any Family Member had Complications with Anesthesia? YES/NO SELF/FAMILY

List any Past Surgeries or Procedures _____

List Current Medications, Dose, and Frequency (Include Vitamins, Herbs, and OTC Medications) or List Attached ☐

_____/_____/_____
_____/_____/_____
_____/_____/_____

Medications Taken Today (Day of Procedure) _____

☐ If This Form Was Filled Out Prior to this Date, I Attest That There are No Changes

Patient/Guardian Signature _____ Date _____

*****PATIENTS DO NOT WRITE BELOW THIS LINE*****

Nurse's Notes _____

Reviewed by RN: _____ DATE: _____

I have discussed the anesthesia management, risk, and complications with the patient and have answered questions to the patient's satisfaction.
I have reviewed the patient's preoperative medical status and I believe this patient will tolerate the proposed procedure.

_____. M.D. Anesthesiologist _____ (DATE)

The Center for Same Day Surgery Financial Policy

The Center for Same Day Surgery collects any co-payments, unmet deductibles, and co-insurance amounts the day of the procedure. If you cannot pay for services, then you may be referred back to your primary care physician or surgeon's office so they may re-schedule your procedure for a later date with us when you are able to pay OR schedule you at an alternative facility.

PAYMENTS: The balance on your statement is due and payable when the statement is issued, and is considered past due if not paid within 30 days of receipt.

AUTOMATIC CONTRACTS: We shall have the right to cancel your privilege to utilize our automatic payment through a contract at any time. Future visits would then need to be paid in full at the time of service.

COLLECTIONS: If your delinquent account is sent to collections you may be charged a 15% collection fee. Failure to communicate with your insurance company could result in these charges being added to your account despite an insurance payment. If your account is sent to collections, you cannot be seen until your account is paid off.

CONTRACTED INSURANCE: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a copay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

NON-CONTRACTED INSURANCE: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

WORKMANS COMP: We require written approval/authorization by your employer and/or worker's compensation carrier PRIOR to your initial visit. If your claim is denied, you will be responsible for payment in full.

Please note that insurance amounts collected are an estimate; your total financial obligation will be determined by your insurance company and will appear on the explanation of benefits. If our estimated amount is less, we will bill you the difference. If our estimated amount is more, we will refund you the difference.

We encourage you to also contact your surgeon, anesthesia group and your insurance company if you have any questions about your financial obligations. In addition, please make sure your authorization/pre-certification for your surgery is on file prior to the surgery.

If you do not have insurance, you are responsible for the entire surgeon, facility and anesthesia fees. You will need to arrange payment with each entity separately. The Surgery Center cannot accept payment on behalf of another entity.

It is your responsibility to find out if we are a provider for your insurance company. We will file your insurance claim form for you as a courtesy. If a problem occurs with your claim you will be asked to contact your insurance company to help resolve the problem. You will also be expected to make monthly payments until the problem is resolved.

You will receive billing from the following entities:

1. The Center for Same Day Surgery
2. Surgeon
3. Anesthesia – Wichita Ambulatory Anesthesia Providers
4. Possible Pathology or Lab

We Accept: Cash, credit and debit cards, cashier's checks, Care Credit and flexible spending accounts.

We do NOT Accept: Personal checks or American Express credit cards.

THE CENTER FOR SAME DAY SURGERY
818 N Emporia Suite 108
Wichita, Ks 67214
316-262-7263

Patient: _____
Date/Time: _____

You will need to purchase ONE(1) 8.3 ounce bottle of Miralax, ONE(1) bottle of Magnesium Citrate, and ONE(1) bottle of 5mg Dulcolax laxative tablets. Please call Tanglewood Family Medical Center at (316)788-3787 if you have questions.

DAY BEFORE EXAMINATION

6:00am

***Start on a clear liquid diet. NO dairy products or solid foods. Drink ONLY clear liquids. Clear liquids include:

Juices without pulp(apple, white grape, etc)
Water
Coffee or tea WITHOUT MILK
Kool-Aid/Gatorade (no red or purple)
Jell-O (no red or purple)
Icees/Slushes (no red or purple)
Bullion
Clear Broth
Soft Drinks
Popsicles
Tang

***Mix and refrigerate 8.3 ounce bottle of Miralax in 64 ounce of Gatorade, Crystal Light or water.

2:00pm

***Take four (4) Dulcolax Tablets with an 8ounce glass of water or other fluids. (No Milk Products)

4:00pm

***Start to drink the Miralax. Drink one 8 ounce glass every 10-15 minutes. Drink quickly rather than sipping small amounts. Finish drinking all 64 ounce of Miralax in 2 hours.

8:00pm

*** If your stool is not clear-yellow liquid, take magnesium citrate, one entire bottle. If you are not sure if stools are acceptable, take the magnesium citrate.

ON THE MORNING OF THE EXAM: You may have 2 ounce of water to take your Heart, Blood Pressure or Asthma medication.

****If you have questions regarding your current medications and or which medications you may take on the date of your procedure, please contact your physician at Tanglewood Family Medical Center at (316-788-3787).**

PLEASE DO NOT WEAR ANY AFTERSHAVE, COLOGNE OR PERFUME, DEODERANT IS OK TO WEAR.

YOU MUST HAVE SOMEONE TO DRIVE YOU HOME AFTER YOUR COLONOSCOPY- You will be given medication to help you relax and we will NOT allow you to drive home.

Welcome

The Center for Same Day Surgery provides high quality surgical services with convenience and efficiency for our patients. We understand that you may have some questions and anxiety about undergoing surgery. We hope this brochure addresses most of your concerns.

We will call you the day before your surgery to confirm your arrival time and answer any questions. If you have not heard from us by 2:00 PM, please call us at (316) 262-7263 to confirm.

Preparing for Surgery

Please follow these instructions to ensure your comfort and decrease the possibility of complications. Your noncompliance will result in the cancellation or postponement of your surgery.

1. **DO NOT EAT OR DRINK AFTER MIDNIGHT - NO WATER, NO LIQUIDS, no solid food, gum or breath mints.** Serious complications result from foods/liquids in the stomach.
2. **Bring photo ID** Bring Government Issued Photo ID (e.g., driver's license, passport, military ID etc.) If you do not have a government issued photo ID bring two forms of ID, one MUST be government issued (e.g., Social Security card OR Birth Certificate along with and a utility bill, company or school ID, etc.) One form must have current address. If the patient is under 18 the responsible party's ID shall be required.
3. **Bring your insurance cards,** referral and precertification if your insurance requires one. Facility co-payment is due the day of surgery. It is the patient's responsibility to verify with their insurance company that we are in their provider network. If your claim is to be filed with workman's compensation, bring the name, address and claim information with you.

4. BLOOD THINNERS: IF ON A BLOOD

THINNER CONSULT WITH YOUR PHYSICIAN. If you have had stents placed in your heart within the last year, **DO NOT** stop your blood thinner until your cardiologist approves you to do so for surgery. Normally blood thinners should not be taken 5-10 days before your surgery/procedure (ex: Coumadin, Plavix, Aspirin or Aspirin-like products, Motrin, Advil, Ibuprofen, etc.) No herbal products 14 days before surgery (Metabolife, St. Johns Wort, Ginseng, Ginkgo, etc.)

5. Bring your medication list including over the - counter, herbal, and vitamins including dosages you are taking.

6. **Do not smoke** the night before and the day of surgery.
7. Bathe or shower the morning of surgery to minimize chances of infection. Because of sensitivity to fragrances by other patients, please do not wear colognes, perfumes, after shaves, or body lotions.
8. Wear casual and non restrictive clothing.
9. **Contact lenses or dentures** cannot be worn in the operating room. Please bring the storage case and solutions to keep these protected while you are in surgery. Bring eyeglasses if needed for reading.
10. **Leave jewelry and valuables at home,** as we cannot be responsible for them.
11. If you develop a cold, sore throat, fever or illness, or suspect pregnancy prior to surgery, please notify your doctor. It may be wise to postpone your surgery.
12. For Children undergoing surgery: If you are a legal guardian you must bring notarized proof of guardianship. All guardians/parents must remain in the facility until the patient is discharged. You are encouraged to bring a favorite stuffed animal or blanket. You may

also bring a bottle of formula, juice or sugared water for use after surgery for children who are still bottle fed. If your child uses a sipper cup please bring one with you.

The Day Of Surgery

Plan to be at the center at your designated time determined by the Pre-Op call the day prior from CSDS.

Up to 2 people may accompany you to the center. The only children allowed are patients, no additional children. If the patient is a minor a legal guardian/parent MUST remain in the center at all times until the patient is discharged.

NO CELLPHONES allowed in Pre-Op or Recovery, they may only be used in the lobby.

NO PHOTOGRAPHY allowed as we want to respect all patient's privacy.

If you have any questions or concerns please contact us at (316) 262-7263.

After Surgery

When your surgery is complete, you will be taken to our recovery room. The nurses and the anesthesiologist can monitor you closely until you are ready to go home. Your stay in the recovery room can vary depending on the procedure performed and your doctor's instructions. Most patients stay for a period of 1 to 2 hours after surgery.

You cannot drive yourself home if you've had general anesthesia or IV sedation. Driver must be 18 years of age or older, present at check in and remain in facility. If you do not have someone over the age of 18 to drive you home, your surgery WILL be canceled. We cannot release you to public non-medical transportation such as a: Taxi, Cab, Bus, Uber, etc. Plan to also have someone stay with you the night following surgery.