



## A Patient Guide & Information Booklet



- Welcome to Canyon Surgery Center
- Preparing for your procedure
- Understanding your rights and responsibilities
- Understanding billing and charges
- Notices
- Directions and contact information

Canyon Surgery Center

6036 N. 19th Ave., Suite 100

Phoenix, AZ 85015

Telephone (602) 589-8000

Fax (602) 249-8084

[www.CANYONSURGERYCENTER.com](http://www.CANYONSURGERYCENTER.com)

## Designed With You in Mind

### *Welcome!*

Canyon Surgery Center is a modern, state of the art facility designed for patients requiring outpatient surgery. We offer patients and their families a smaller, more comfortable setting than what can be provided by a traditional hospital.

Canyon Surgery Center continually invest in the latest technologies to ensure that your expert team of professionals can achieve the absolute highest standard of care.

Canyon Surgery Center was established in 1999 in pursuit of creating the best outpatient surgery center in the Southwest.

We perform thousands of procedures every year, providing the efficiency, comfort and convenience available only in an Ambulatory Surgical Center. Our team of professionals are among the highest-trained and most



experienced anywhere in the Southwest. We carefully select our staff for their expertise as well as their compassion and concern for your well being.

Your experience at Canyon Surgery Center is very important to us. If you have any questions or concerns, please contact us at anytime.

## Preparing For Your Procedure

Please remember to bring:

Health Insurance Card(s)

Co-payment (if applicable)

Photo ID, Driver's License or Passport

**Pre Op Call** A pre-op nurse will attempt to reach you prior to your procedure to discuss your health history. The nurse will confirm your arrival time at Canyon Surgery Center.

**Change in Condition** If you experience any changes in your health (such as a cold, fever or rash) please contact your physician immediately.

**Leaving the Center** You **must** have a reliable person provide you with transportation after your procedure. In addition, a responsible person **must** be with you for the first 24 hours following your procedure. If this is a problem, please notify your doctor or pre op nurse.

**Medications** Follow your physician's instructions for taking, or temporarily stopping medicines, especially those for heart problems, blood pressure, diabetes and/or seizures. Medications such as anti-inflammatories, blood thinners or herbal remedies, typically **must** be stopped at least 7 days prior to your procedure.

**Sleep Apnea** If, at anytime , you have been diagnosed as having sleep apnea, please notify your pre -op nurse. If you have a CPAP machine for sleep apnea, you must bring it to Canyon Surgery Center on the day of your procedure.

**Midnight Before Procedure: No eating, drinking or smoking after midnight on the day prior to your procedure. This includes water, gum, chewing tobacco, mints or candy. If your procedure is later in the day, your physician or pre-op nurse will provide you with further instructions.**

**Clothing** Wear comfortable, loose-fitting clothes that are easily removed. Shoulder surgery patients should wear or bring a large shirt that zips or buttons in the front.

**Contact Lenses** Do not wear contact lenses to Canyon Surgery Center. Please bring your glasses and a case to protect them from damage.

**Valuables** Leave all jewelry, piercings and nonessential valuables at home.

## Your Rights

1. To understand that this facility will initiate cardiopulmonary resuscitation, unless directed otherwise in accordance with the Center's Advanced Directive policy, and transfer you to an area hospital upon which your Advance Directives will be followed.
2. To exercise these rights without discrimination or reprisal regarding sex, cultural, economic, educational, or religious background.
3. To receive considerate and respectful care in a safe environment.
4. To be free from chemical, physical and psychological abuse, neglect or harassment.
5. To know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationship of other physicians who will provide you care.
6. To be advised as to the reason for the presence of any individual.
7. To receive information from your physician about your illness, course of treatment, and prospects for recovery in terms that you can understand.
8. To receive as much information about any proposed treatment and expected outcome, as you may need in order to give informed consent or refuse the course of treatment, except in emergencies. The information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment, and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
9. To participate actively in decisions regarding your medical care, to the extent permitted by law, including the right to refuse treatment.
10. To full consideration of privacy concerning your care. Including confidential case discussion, consultation, examination and treatment in a discreet manner.
11. To confidential treatment of all communications and records pertaining to your care and your stay in the Center. Written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
12. To reasonable responses to any appropriate requests you make for service.
13. To leave the Center even against the advice of the medical staff.
14. To reasonable continuity of care and to know in advance the time and location of your appointment, as well as the physician providing the care.

## Your Rights—cont'd

15. To be advised if the Center or your personal physician proposes to engage in or perform human experimentation affecting your care or treatment.
16. To refuse to participate in research projects.
17. To be informed by your physician or a delegate concerning health care requirements following discharge from the Center.
18. To know in advance of your procedure the charges for the proposed services.
19. To examine and receive an explanation of your bill.
20. To know what Center rules and policies apply to your conduct as a patient.
21. To be informed of third-party coverage, including Medicare and AHCCCS coverage.
22. To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care or treatment when (1) the patient has been adjudged incompetent under State Law or (2) the legal representative was designated by the patient under State Law.
23. To file a grievance and/or complaint with the State Department of Health Services and/or the Center and be informed of the action taken.
24. To be aware a grievance procedure is available to all patients and visitors of the Center.
25. To know if you feel we have not satisfactorily met your needs or you have any complaints or concerns regarding your experience at Canyon Surgery Center, you are encouraged to contact Elizabeth Hakal, Administrator at 602-589-8000.
26. To know if you have any further grievance regarding your experience you may contact :

Arizona Department of Health Services  
150 N. 18th Avenue  
Phoenix AZ 85007  
Phone: (602) 364-3030

27. To know if you are a Medicare beneficiary and have a complaint about the quality of your care you may contact:

Office of the Medicare Beneficiary Ombudsman  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
1-800-MEDICARE (1-800-633-4227)

## Your Responsibilities as a Patient or Responsible Person or Parent

**So that you may contribute effectively to your health care, you have the following responsibilities:**

1. To read and understand all documents and/or consents you sign. If you do not understand, it is your responsibility to ask the nurse or physician for clarification.
2. To provide the center with your Advanced Directives and disclose if you have implemented a Do Not Resuscitate ("DNR") order.
3. To read and reach your own decisions regarding Advance Directives.
4. To provide, to the best of your knowledge, accurate and complete information regarding your health, medications, and past treatments.
5. To provide, to the best of knowledge, current, accurate and complete information regarding your insurance benefits.
6. To provide a responsible adult to transport you home after surgery, if you have received medication and/or anesthesia.
7. To provide for someone to be responsible for your care for a minimum of the first 24 hours after your procedure.
8. To carefully follow any written or verbal pre or post operative instructions from your physician(s) or Center staff.
9. To contact your physician regarding any post operative questions or problems.
10. To assure all financial obligations for services are promptly fulfilled upon notification and to assume ultimate responsibility for payment regardless of insurance coverage.
11. To notify the Center if you feel any of your rights have been violated, or if you have a complaint or a suggestion for improvement, by returning your patient survey form or contacting the Administrator.
12. To stay in the facility or provide means for immediate communication if you are a parent or guardian of child receiving services at the Center.
13. To provide accurate information regarding your authority to provide consent for medical care on behalf of yourself or the patient.
14. To provide full disclosure of any valuables you have brought to the Center.

## Billing

### Your Insurance

We will verify your insurance benefits for outpatient services and review that information with you prior to your procedure.

We will then quote you an estimate of your financial responsibility. **Any required**

**co-payments, deductibles or non-covered services are due at the time of your admission.** For your convenience, we accept cash, personal checks and most major credit cards.



As a courtesy, we will also bill your insurance when provided with the necessary information. You may contact our billing department with questions regarding our fees, or the benefits provided by your insurance.

### Financial Responsibility

As the patient, you are ultimately financially responsible for services rendered by our facility. **The estimate provided to you is preliminary and subject to change based on the services rendered.** Please note that after your insurance has remitted payment, you are responsible for your account balance.

If you are unable to pay in full, our billing staff will be pleased to discuss payment options. We strongly encourage you to contact us prior to your procedure if financial arrangements are necessary.

## Understanding Your Charges

Here is a brief explanation of the charges for which you may be responsible.

### **Surgery Center**

You will be billed for the Canyon Surgery Center staff and equipment required for your procedure. Questions and payments regarding your Canyon Surgery Center bill should be addressed to our Billing office.

### **Physician**

Your procedure will be performed by your personal physician. Since your physician is not an employee of the Canyon Surgery Center, you will be billed separately for his/her services. Any questions pertaining to your physician's charges should be addressed to your physician's Billing office.

### **Anesthesia**

If you receive services from an anesthesiologist you will receive a separate bill for these services. Any questions pertaining to your anesthesiologist's charges should be addressed to the anesthesiologist's Billing office.

### **Other Charges**

Depending on your particular procedure, you may incur additional charges such as Durable Medical Equipment (crutches, braces, etc), lab fees or services performed at other facilities. Questions regarding these charges should be directed to the respective facility or provider.



## Notice of Significant Beneficial Interest

You have selected Canyon Surgery Center, a federally recognized Medicare Certified Ambulatory Surgery Center for your health care services. As a patient, you have the right to receive a list of all physician owners in this facility, upon request. Your physician may or may not have an ownership interest in the Surgery Center, as not all physicians who practice here have an ownership interest. If you feel that the services that have been ordered for you are not proper or are negatively impacted by physician ownership in the facility, please notify a member of administration immediately.

## Advanced Directives/Living Wills

**Advance Directives are written instructions, such as living will, durable power of attorney for health care, health care proxy, or do not resuscitate (DNR) request, recognized under state law and relating to the provision of health care when the individual is incapacitated and unable to communicate his/her desires.** As a provider of outpatient services, it is the general policy of the operating room that all patients are to be granted the benefit of resuscitative efforts in the event of a cardiac arrest regardless of the underlying disease and circumstances. Canyon Surgery Center recognizes that despite careful explanation of the facts and principles of therapies utilized in the operating room some patients may insist on the continuation of their Do Not Resuscitate ("DNR") status into the operative setting. Patients who wish to continue their DNR status into the operative period must go through an informative process with the anesthesiologist and surgeon discussing the resuscitative options available during the operative period. The physicians will document the discussion with the patient as well as the patients particular wishes for resuscitative options during the operative period.

For more information on Advanced Directives, you may contact:

**The Arizona Secretary of State**

Advance Directives  
1700 W. Washington, 7th Floor  
Phoenix, AZ 85007  
Phone: 602-542-6187  
or on the web @  
[www.azsos.gov/adv-dir](http://www.azsos.gov/adv-dir)  
and click on the  
“Guide to Filing Advance Directives” Link

Center (602) 589-8000  
www.CANYONSURGERYCENTER.com

Welcome to:  
**Canyon Surgery Center**  
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Suite 100  
Phoenix, AZ 85015

**Tel (602) 589-8000**

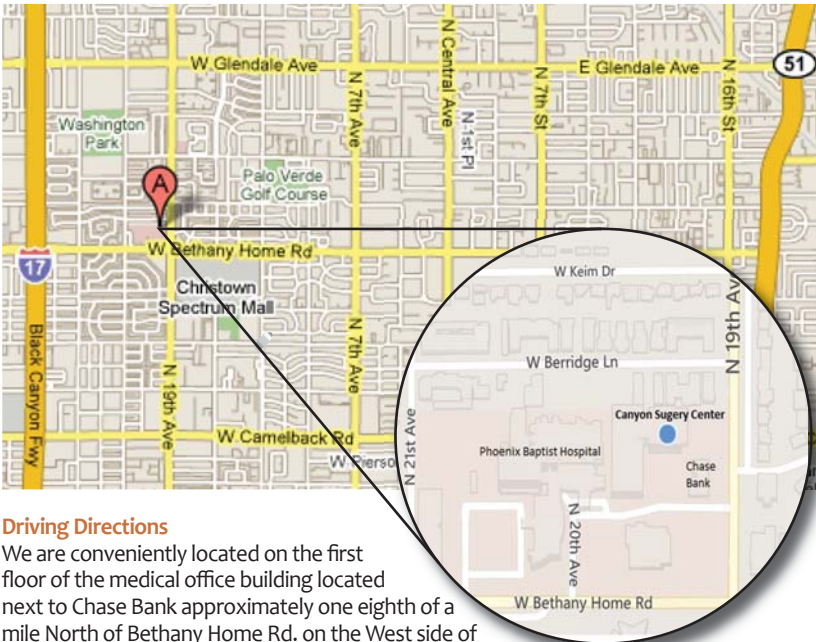
**Fax (602) 249-8084**



Day/Date of Procedure \_\_\_\_\_

Arrival Time for Procedure \_\_\_\_\_ am/pm

Scheduled Time for Procedure \_\_\_\_\_ am/pm



**Driving Directions**

We are conveniently located on the first floor of the medical office building located next to Chase Bank approximately one eighth of a mile North of Bethany Home Rd. on the West side of 19th Ave. Due to the light rail expansion down 19th Ave, if entering off 19th Ave, we are accessible going South bound. If traveling North bound on 19th Ave, take the first available U-turn intersection to travel back South bound. You may park in the lot on 19th Ave. or in the Hospital garage just West of our facility.



I acknowledge that I have received the Canyon Surgery Center patient booklet and understand it is my responsibility to read all the contents prior to the day of surgery. I will contact the Center with any questions that I may have.

**Print** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

Scheduler: Attach scheduling form, patient demographics, office notes and other pertinent information.

**Please fax to (602) 249-8084**

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