

# Patient Information



1000 East Paris Ave SE; Suite LL01  
Grand Rapids, MI 49546

**616-464-3430**

<http://eastparis-surgicalcenter.com>

Patient Name: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

# Welcome

Our mission is to provide our patients with the highest level of surgical care. Our surgeons are among the most experienced and well trained in their areas of expertise. Our core value is to place the patient before all other interests.

We look forward to serving you and will strive to make your experience with us a pleasant one.

Thank you,

East Paris Surgical Center Staff  
616-464-3430

## **Verdier Eye Center physicians: 616-949-2001**

David D. Verdier, M.D.

Karl J. Siebert, M.D.

Ann M. Renucci, M.D.

Kyle B. Mckey, M.D.

## **Your surgery schedulers:**

Dr. Verdier's Scheduler                      616-608-5639

Dr. Siebert's Scheduler                      616-259-9988

Dr. Renucci/Dr. McKey's Scheduler      616-469-3011

**Surgery Dates** (the surgical center will call you with an arrival time 1-2 days prior):

Right Eye: \_\_\_\_\_  
Date

Left Eye: \_\_\_\_\_  
Date

**Post Operative Visits** (please bring your eye drops):

Post Operative Visit 1: \_\_\_\_\_

Post Operative Visit 2: \_\_\_\_\_

Post Operative Visit 3: \_\_\_\_\_

Post Operative Visit 4: \_\_\_\_\_

*Additional Post Operative Visits as needed.*

**Preparing for Surgery Checklist:**

\_\_\_ Seen by your primary care provider **and** 'cleared for surgery' within 90 days of your surgical date

\_\_\_ Labs within the last 6 months (please ask your primary care provider if this is required)

\_\_\_ EKG within the last 1 year (for patients who are greater than 60 years old or who have a history of heart problems)

\_\_\_ Pick up drops from pharmacy or mail order

*We understand that you may have some questions about your surgery - everyone does. Outpatient ophthalmic surgery and laser treatment is our specialty at East Paris Surgical Center. We will do everything possible to make you feel relaxed and comfortable.*

## **PRE-OPERATIVE APPOINTMENT**

You will need to see your Primary Care Provider for a pre-operative appointment prior to your surgery. An EKG and blood work may be required for certain procedures. **It is important that you keep this appointment, or the surgical center may cancel your surgery.**

A letter will be faxed to your doctor that will outline what the surgical center needs in order for you to undergo anesthesia and where they should send the information. **Please DO NOT miss this appointment.**

You need to schedule a Pre-Operative Appointment with:

Dr. \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Time

## **GENERAL HEALTH**

If you develop a cold, sore throat, or any other minor illness a day or two prior to your surgery, please call your primary care provider.

## **MEDICATION INSTRUCTIONS**

If you are having a *glaucoma procedure or a full thickness corneal transplant*: avoid aspirin and ibuprofen for 7 days prior to your surgery (unless otherwise directed by your physician). **If you are prescribed blood thinners for Atrial Fibrillation, Heart Valve Disease, have a history of Stroke or Blood Clots, please talk to your doctor for further guidance.**

### **Your Surgeon may start you on the following CIRCLED eye drops:**

Polymyxin-Trimethoprim  
(Polytrim)

Moxifloxacin (Vigamox)

Pred- Brom (Prednisolone Acetate  
1% / Bromfenac 0.075%)

Prednisolone Acetate 1%

Bromfenac (Bromsite)

Ketorolac (Acular)

Difluprednate (Durezol)

Other: \_\_\_\_\_

### **Start the drops above:**

After surgery

2 days prior to surgery

\*\*If taking more than 1 eye drop, wait at least 3 minutes between drops. Wash your hands before instilling drops in eyes.

You will be given an eye drop schedule at your post-operative appointment the following day.

## **MEDICATION PRECAUTIONS**

If you are on FLOMAX (an oral medication usually given for prostate enlargement), please discuss this with your eye surgeon.

If you need to take a pain reliever you may take Tylenol. If you have any questions about your prescription medications, please ask the physician that prescribed them for you.

**If you are on a weekly injectable medication for weight loss or diabetes, please discuss with your surgeon at least 2 weeks prior to surgery. Failure to discuss with your surgeon may result in your surgery being cancelled.**

## **PRE-OPERATIVE INSTRUCTIONS**

A nurse from the surgery center will call you 1-2 days prior to your surgery date. They will confirm your arrival time to the surgery center. They will review your instructions on what to do the night before surgery and what medicines to take the morning of surgery.

If you have any questions regarding your surgery, please call a preoperative nurse at **616-464-3435** or the main line at **616-464-3430**.

### **Preparing for surgery:**

- **Please do NOT eat or drink anything after midnight unless instructed otherwise – this includes water**
- Please be aware you must have a responsible adult driver and they must stay in the facility during your entire stay at EPSC
- Please be aware that you will be given anesthesia and will need to arrange a responsible adult to stay with you for a minimum of 12- 24 hours after surgery
- Please plan to be at the surgical center for approximately 2-4 hours
- Please dress comfortably with a short sleeve shirt
- Please do NOT wear makeup or lotion on your face or body
- Please remove all jewelry (wedding bands may be left on)
- Please do NOT smoke or drink alcohol 24 hours prior to surgery
- Please remove contact lenses prior to coming in for surgery

## **Location of surgery:**

Your surgery will be done at East Paris Surgical Center, LLC which is located at 1000 East Paris Ave SE, suite LL01 in the lower level of the East Paris Medical Building. It is the same building as Verdier Eye Center. You may use either the “A” or the “E” entrance of the building. Please take the elevators down to the lower level.

## **Upon arrival:**

The registration clerk will ask you to confirm your name, address, age, employer, etc. **Please have your insurance cards and a legal form of identification available.** The clerk will have you read and sign an admission form, registration form, and an advanced directive form. The surgical center will bill your insurance directly when all necessary information is provided. **You will be responsible for all co-pays, co-insurance, and deductibles on the day of surgery.**

A nurse will escort you to the preoperative area and will review your information and the procedure with you. A consent for surgery and consent for anesthesia will be reviewed and signed. A nurse will perform an assessment – taking vital signs (blood pressure, pulse, temperature, respiratory rate, heart and lung sounds, etc.), giving a series of eye drops, placing an IV for fluids and medication, and applying a nasal cannula for oxygen. You will be required to lay flat for the procedure.

## **Anesthesia:**

You will also be interviewed by an anesthesia provider who will provide you with information regarding your anesthetic during surgery. You will be given one of two forms of anesthetic for your procedure:



- Monitored Anesthesia Care (MAC) – drops or injections are used as well as medications to make you relaxed and comfortable
- General – you are put completely to sleep

**Advance directive:**

If you have an advance directive, please bring a copy. We do not honor advance directives or living wills. Should an emergency arise, we will resuscitate, stabilize and transfer to the hospital.

**IMPORTANT INFORMATION**

For your safety, you will not be permitted to leave the surgical center alone.

**A responsible adult must accompany you, stay for the procedure, drive you home and stay with you for a minimum of 12- 24 hours after surgery.** You may NOT drive yourself home from surgery or to your appointment at our office the next day.

If you have not made arrangements for an adult companion, your surgery will be rescheduled.

**AFTER SURGERY**

After surgery, you may be sleepy or dizzy. Please plan to relax and enjoy the rest of your day.

On the night of surgery you may have a shield over the operative eye. You should keep the shield in place until it is removed in our office at your appointment the following day. You may continue to use any regular medications in the OTHER eye. There is usually

minimal or mild discomfort after surgery. A mild scratching sensation and tearing may occur. You may take Tylenol if needed for discomfort.

**CALL YOUR DOCTOR IF ANY OF THE FOLLOWING OCCURS:**

- *Pain unrelieved by your usual over the counter medications and rest (while a scratchy sensation is normal, intense pain is not)*
- *Nausea and vomiting (this could be a sign of increased pressure in the eye and is easily treated)*
- *Sudden loss of vision*

**Verdier Eye Center Surgeons are on call 24 hours a day every day at 616-949-2001.**

**There are a few restrictions after surgery:**

- DO NOT rub your eye
- DO NOT lift anything heavier than 25 pounds or exert similar effort (bowling or golfing) for 5 days
- DO NOT swim or use a hot tub for 3 weeks
- DO NOT wear eye makeup for up to 3 weeks
- AVOID dusty/dirty environments for 7 days
- NO long-distance travel for 7 days post-procedure without consulting with your surgeon first

**You may:**

- Watch TV, read, and use your eyes as much as you would like
- Drive when cleared by your doctor

- Shower (avoid getting water in your operative eye)

Continue to wear the eye shield while sleeping for 7 days after surgery. Please store the eye shield in a clean location.

**BILLING NOTICE:**

Depending on your insurance coverage you may be responsible for **three separate payments:**

- Professional Fees – Verdier Eye Center (616-949-2001, option 4)
- Surgery Center Fees – East Paris Surgical Center (616-464-3430)
- Anesthesiologist Fees – Anesthesia Medical (616-364-4200)

The following information may be useful to you when contacting your insurance company regarding coverage and benefits. These procedure codes are based on your consultation with your physician. The final codes cannot be determined until your surgery is complete. You are being scheduled for the following procedure code(s):

_____	_____
_____	_____

For your diagnosis of:

_____	_____
_____	_____

## **SURGERY COSTS & PAYMENTS:**

The cost of the surgical services other than your deductible, copay, and/or co-insurance is usually covered by most healthcare plans. We will submit claims directly to all third party payers on your behalf; however, we expect you to work directly with your carrier to have your claim addressed.

**All deductibles, co-insurance, and co-pays are due the day of surgery.** We will contact you in advance to notify you of the amount. This amount is an estimate only. If you do not have insurance, you must pay for the surgery prior to the surgery being performed or have made prior payment arrangements with our staff. We accept MasterCard, VISA, Discover, and American Express as well as payment in cash. You may also pay with a check on the day of surgery. The actual cost of your surgery depends upon the exact procedure(s) that are done in the operating room and any implants used.

Your payment to East Paris Surgical Center, LLC is for the facility (surgery center) fee only. You will also receive separate bills for the professional fees (at Verdier Eye Center) and the anesthesia fees.

## PATIENT'S BILL OF RIGHTS

East Paris Surgical Center wants you to have the best possible care. We want you to know what your rights are as a patient, as well the obligations of this surgical center, its staff and the physicians. We encourage you to talk openly with those involved in your care.

- Patients are treated with respect, consideration and dignity.
- Patients are provided appropriate privacy, personal, during check-in and throughout the evaluation and treatment areas.
- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patients adjudged incompetent under applicable State 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 or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Patients have the right to know what their responsibilities are and how they are to conduct themselves as explained under Patient Responsibilities.
- Patients have a right to know what services are available at East Paris Surgical Center.
- Patients have a right to know what provision(s) are available for after-hours and emergency care.
- Patients have the right to examine and receive an explanation of their bill, regardless of the source of payment.
- Patients have the right to receive care in safe setting.
- Patients have the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.

- Patients have the right to know what the payment policies are for East Paris Surgical Center.
- Patients have the right to know if any experimental research will be done during his / her treatment and have the right to refuse it.
- Patients have the right to information regarding the credentials of health care professionals involved in their care or treatment.
- Patients have the right to be informed of any persons other than routine personnel who will observe in his / her treatment, and to refuse that observation.
- Patients have the right to change their provider if other qualified providers are available.
- Patients have the right to be free from all forms of abuse, harassment, discrimination or reprisal.
- Patients have the right to be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Patients have the right to be informed or, as appropriate, the patient's representative of the patient's right to make informed decisions regarding the patient's care.
- Patients have the right to refuse treatment and be informed of the consequences of his / her actions.
- Patients have the right to exercise his / her rights without being subjected to discrimination or reprisal.
- Patients have the right to be free from any act of discrimination, reprisal as well as all forms of abuse or harassment.
- Patients have the right to expect quality care and service from East Paris Surgical Center in a safe setting.
- Patients have the right to voice grievances regarding treatment or care that is (or fails to be) furnished.
- Patients have the right to have interpretation services available if necessary.
- Patients have the right to voice grievances regarding treatment or care that is (or fails to be) furnished.

**PATIENTS and/or PATIENT REPRESENTATIVES** should contact the office of the Medicare Beneficiary Ombudsman at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) or the State of Michigan Representation if they have a concern or complaint about East Paris Surgical Center. Anyone may file a complaint against a licensed or certified health care facility or healthcare provider by:

Calling toll-free the State of Michigan Bureau of Community Health Systems  
Complaint Hotline at 1-800-882-6006 to file an oral complaint or to inquire about  
filing a complaint

**Mail written complaints to:**

Michigan Department of Community Health Bureau of Health Systems  
Complaint Intake  
P.O. Box 30664  
Lansing, MI 48909

**OWNERSHIP:**

East Paris Surgical Center, LLC is owned by the following physicians:  
David Verdier, MD  
Karl Siebert, MD

## PATIENT'S RESPONSIBILITIES

- It is the PATIENT'S and / or PATIENT'S REPRESENTATIVE responsibility to read and understand all permits and / or consents to be signed. Patients should ask either the nurse or physician to clarify any information not understood about their care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- It is the PATIENT'S responsibility to follow the agreed-upon treatment plan prescribed by his/her provider and participate in his/her care.
- It is the PATIENT'S responsibility to notify East Paris Surgical Center on admission if preoperative instructions have not been followed.
- The PATIENT is responsible for his/her actions if they refuse treatment or do not follow preoperative instructions.
- PATIENTS are informed of the responsibility to provide a responsible adult to provide transportation home and to remain with him / her (12 – 24 hours after returning home) as directed by the provider or indicated on discharge instructions.
- It is the PATIENT'S responsibility to provide a responsible adult to remain in the facility during your entire procedure.
- It is the PATIENT'S responsibility to follow the postoperative instructions given by the physician(s) and/or nurses. This includes instructions regarding postoperative appointments.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to ensure that all payments for services rendered are made on a timely basis. The patient is ultimately responsible for payment and patient accepts personal financial responsibility for any charges not covered by his/her insurance, regardless of insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.



- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients, and to follow the Center's policies.
- It is the PATIENT'S responsibility to inform his / her provider about any living will, medical power of attorney, or other directive(s) that could affect his / her care.
- It is the PATIENT'S responsibility to notify the administration of the East Paris Surgical Center if the PATIENT or PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a suggestion, comment or complaint.

**Suggestions, Comments or Complaints should be directed to:**

ASC Director  
East Paris Surgical Center  
1000 East Paris Ave SE; Suite LL01  
Grand Rapids, MI 49546  
616-464-3430

EAST PARIS SURGICAL CENTER, LLC  
NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.**

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

**Your Rights Under The Privacy Rule** - Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in our waiting rooms within the practice, and if such is maintained by the practice, on its website.

**You have the right to authorize other use and disclosure** - This means we will only use or disclose your PHI as described in this Notice, unless you authorize other use or disclosure in writing. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes or substance use disorder counseling notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication** – This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and obtain a copy of your PHI** - This means you may inspect, and obtain a copy of your complete health record, or to direct us to disclose your PHI to a third party. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. We are required to provide you with access to your records within 30 days of your written request unless an extension is necessary. In such cases, we will notify you of the reason for the delay, and the expected date when the request will be fulfilled.

**You have the right to request a restriction of your PHI** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You may have the right to request an amendment to your protected health information** - This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

**You have the right to request a disclosure accountability** - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our practice except for those made upon your request, or for purposes of treatment, payment or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.

**You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

#### **How We May Use or Disclose Protected Health Information**

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

**Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. If the

patient is scheduled for surgery, a surgical packet will be mailed to the patient. We will also mail the patient a notice to reschedule an appointment, give an update on their insurance, account status, or give miscellaneous information that could possibly request the patient to return our call. Also, we may contact you to provide information about health-related benefits and services offered by our office, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices.

**Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

**Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization, or providing you an opportunity to object, for the following purposes: if required by state or federal law; for public health activities and safety issues (e.g. a product recall); for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner or funeral director; to respond to organ and tissue donation requests; to address worker's compensation, law enforcement and certain other government request, and for specialized government functions (e.g. military, national security, etc); with respect to a group health plan, to disclose information to the health plan sponsor for plan administration; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

**Prohibited Uses/Disclosures-** substance use disorder treatment records received from Part 2 programs; a testimony relaying the contents of such records, will not be used or disclosed in any criminal investigation, to initiate or substantiate criminal charges, or in civil, criminal, administrative or legislative proceedings against you without your authorization or a court order with accompanying subpoena or similar legal mandate compelling disclosure.

PHI that is potentially related to reproductive health care is prohibited from being disclosed for purposes of investigating or imposing liability on any person for the mere act of seeking, obtaining, facilitating, or providing lawful reproductive health care.

**Attestation-** Any person requesting disclosure of PHI potentially related to reproductive health care for purposes of health oversight, law enforcement, judicial or administrative proceedings, or about decedents to coroners or medical examiners will be required to submit an attestation signifying that the PHI will not be used for prohibited purposes (see above section).

### **Privacy Complaints**

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

\* You may ask questions about your privacy rights, file a complaint, or submit a written request (for access, restriction, or amendment of your PHI or to obtain a disclosure accountability) by notifying our Privacy Manager at:

ASC Director  
1000 East Paris Ave SE  
Suite LL01  
Grand Rapids, MI 49546  
(616) 464-3430

**We will not retaliate against you for filing a complaint.**

You have the right to know that the Center does not honor advance directives and to know where/how to obtain information and forms

1. Although the Center recognizes it is the patient's right to participate in their own healthcare decisions, it is our policy, regardless of the contents of any advance directive, that if an adverse event occurs during treatment at the Center, we will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation. Existence of advance directives are documented prominently in each patient chart.
2. You may obtain additional information about advance directives at:

[http://www.michigan.gov/documents/miseniors/Advance\\_Directives\\_230752\\_7.pdf](http://www.michigan.gov/documents/miseniors/Advance_Directives_230752_7.pdf) [http://www.michigan.gov/images/End-of-life\\_chapter\\_2\\_1182\\_7.pdf](http://www.michigan.gov/images/End-of-life_chapter_2_1182_7.pdf)

Our goal is to provide you with the best care possible in a professional manner. We are always open to suggestions and we recognize that an issue may arise. If you have any questions or concerns regarding your rights or responsibilities, or have a complaints or grievances on how these rights were or were not administered, please contact the ASC Director who will investigate the issue.

The East Paris Surgical Center ASC Director can be reached at:

1000 East Paris Ave SE; Suite LL01  
Grand Rapids, MI 49546  
(616) 464-3430

You may also register complaints with the State of Michigan via Complaint Hotline: (800) 882-6006 or by mail at:

Michigan Department of Consumer and Industry Services  
Bureau of Health Systems  
611 W. Ottawa Street  
PO Box 30664  
Lansing, MI 48909

If you are a Medicare Beneficiary, you can file a complaint with the Medicare Ombudsman. Additional information is available from the Office of the Medicare

Beneficiary Ombudsman at: <http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>

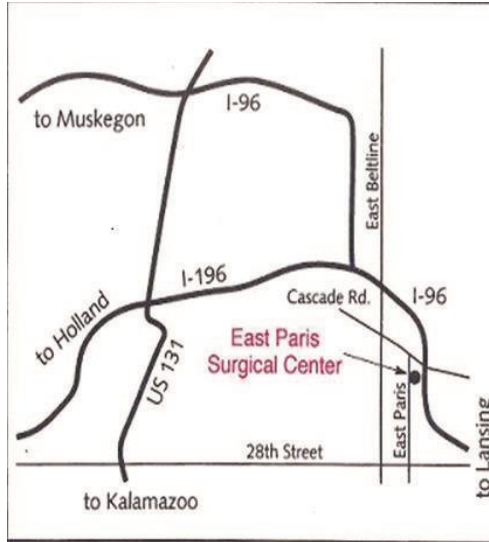
An “Ombudsman” is a person who reviews the performance of an organization or program, and helps resolve problems that are found. Congress requires that Medicare have a Beneficiary Ombudsman to help people with Medicare.

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.**

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate

## DIRECTIONS TO OUR FACILITY:



- Take the “Cascade Road West” Exit off I-96
- Turn LEFT at the stoplight at East Paris Avenue
- Go down the hill to the East Paris Medical Center which is located on the LEFT at the bottom of the hill
- Enter the building through the “A” entrance
- Proceed straight ahead to the elevator area
- East Paris Surgical Center is on the LOWER LEVEL

## FOR MORE INFORMATION:

East Paris Surgical Center, LLC.  
1000 East Paris Ave SE; Suite LL01  
Grand Rapids, MI 49546  
Phone: (616) 464-3430  
Fax: (616) 464-3440 or (616) 942-8553  
<https://eastparis-surgicalcenter.com>



