



Welcome to Slate Hill Surgery Center:

On behalf of the clinical and administrative staff at Slate Hill Surgery Center, we welcome you to our facility. We are pleased that you and your surgeon have selected us as your surgical facility and our mission is to make sure you have a great and positive experience. We consider it a great privilege to serve you and your surgeon and as the Administrator of this facility, I will do everything in my power to make sure we meet your expectations of our services.

We are providing you with this packet of what we need and what you can expect during your visit with us. Please review the information and feel free to reach out to us if you have any questions or concerns.

The packet include:

- Patient information
- Patient pre-operative health history (please complete and mail to the center prior to surgery)
- Financial and payment information
- Directions to the center

Please note that you MUST have a responsible adult come with you on the day of surgery to drive you home and we ask that they remain at the facility during your procedure.

Slate Hill Surgery center provides a variety of surgical procedures which includes orthopedics, pain management and podiatric cases. If we could be of service to you in the future for any of these types of procedures, we would be happy to serve you. We are always looking to expand and grow into new specialties, so if there is something you need that we don't offer, please discuss those needs with your surgeon.

My phone number is 717-920-8800, ext 8103 if I can be of assistance to you. Please don't hesitate to contact me or any of the staff. Our mission is to serve you and your physician and to create a great experience for you and your family members. Thank you again for choosing Slate Hill Surgery Center.

Sincerely,

Geoff Honeysett, DPT

Geoff Honeysett, DPT
Administrator

What to Expect for your Surgery

Before Surgery

3950 Hartzdale Drive, Camp Hill, PA 17011
Phone: 717-920-8800

- Two weeks before your surgery, stop all herbal/diet medications. If you have questions regarding your medicines, call the surgery center.
- Schedule a responsible adult to escort you to and from surgery, that person must remain at the center during your surgery.
- If you are receiving general anesthesia, you must have an adult remain with you for 24 hours after surgery.
- **DO NOT eat or drink after midnight the day prior to your surgery, refrain from using mints or chewing gum.**
- Notify your surgeon if there is a change in your physical condition, such as cold or fever.
- You will be called the day before surgery with your arrival time.
- Bring a photo ID and insurance cards with you on the day of your surgery.
- Wear loose-fitting, casual clothing and do not wear any makeup or jewelry.
- If you wear contact lenses or glasses, bring a case for their safekeeping.

Day of Surgery

- Please bathe or shower prior to surgery, remove all makeup, nail polish, jewelry, and hairpieces. Do not use lotions or oils after bathing.
- Be prepared to sign a consent for the operation; if the patient is under 18, a parent or legal guardian must accompany the patient and sign the consent form.
- Please arrive promptly for your scheduled appointment, arrival time is one hour prior to your surgery.

Anesthesia

- The type of anesthesia you receive will be dictated by your surgeon and anesthesiologist based on your preference, health, and type of procedure.
- The anesthesiologist will visit you prior to your surgery to evaluate you physically and discuss the different types of anesthesia with you.
- Your insurance company will be billed directly by the anesthesia company.

After your surgery

- You must have a responsible adult to drive you home and remain with you for the first 24 hours after surgery. You cannot drive or be left alone.
- Before you leave the center, you will be given written instructions for your care at home.
- After you have returned home, follow your doctor's orders regarding diet, rest, and medication.
- Do not drive, smoke, drink alcoholic beverages or operate machinery until the day after surgery.
- In case of an emergency, please call your surgeon's office or dial 911.

Insurance and Billing

- Slate Hill Surgery Center takes most major insurances, but our staff will assist you in verifying what your insurance will cover. According to some insurance plans, patients are responsible for a co-pay made directly to the outpatient facility at the time of the surgery, we will notify all patients in advance of any co-pay that are due on the day of surgery. We accept Visa and MasterCard on the day of surgery.

OWNERSHIP DISCLOSURE

Physician Ownership Disclosure: In order to comply with Federal Medicare Conditions for Coverage, the following is the ownership structure of this ambulatory surgery center.

3950 Hartzdale Drive, Camp Hill, PA 17011
Phone: 717-920-8800

OWNERS

Raymond E Dahl, DO
Stephen W. Dailey, MD
Steven M. DeLuca, DO
Michael L. Fernandez, MD
Curtis A. Goltz, DO
Brett A. Himmelwright, DO
Matthew J. Kelly, MD
Ronald W. Lippe, MD
James A. Oliverio, MD
Michael. J. Oplinger, MD
Adam M. Buerk, DO
Michael A. Jones, DO
Daniel J. Kim, DO
Tyson P. Maugle, DO
Orthopedic Institute of Pennsylvania

We are very happy that you chose Slate Hill Surgery Center for your elective surgery, but if your physician appears on the list above, it is required by PA State law that we notify you of the alternative surgery facilities available to you.

Susquehanna Valley Surgery Center
4310 Londonderry Road
Harrisburg, PA
717-657-7533

West Shore ASC
2015 Technology Parkway
Mechanicsburg, PA
717-791-2500

Holy Spirit Hospital
503 North 21st Street
Camp Hill, PA
717-763-2100

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of **Slate Hill Surgery Center**, you have the **RIGHT** to:

1. Be treated with respect, consideration, and dignity.
2. Be afforded appropriate personal privacy.
3. Be given verbal and written notice of rights and responsibilities in a language and manner that ensures the patient, the representative or surrogate understands.

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4. Receive full information in layman's terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis, and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
5. To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Receive information on the services, fees, and payment policies of the center.
7. Receive information on after-hours and emergency care.
8. Obtain information on the center's policy on patient's advanced directives.
9. Be provided information on the credentials of the health care professionals at the center.
10. Receive information regarding the absence of malpractice insurance, if applicable.
11. Voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished.
12. Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
13. Receive an informed consent for the procedure and administration of any anesthetic.
14. Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient.
15. Be given, in writing if requested, a list of physicians who have a financial interest or ownership in the center.
16. Be free from any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
17. Be provided medical and nursing services without discrimination based upon race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
18. Receive care in a safe setting by competent and appropriately qualified personnel.
19. Have records pertaining to their medical care treated as confidential.
20. Expect emergency procedures to be implemented without necessary delay.
21. The expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
22. Be provided with, upon written request, access to all information contained in their medical record.
23. Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
24. Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
25. Receive appropriate and timely follow-up information of abnormal findings and tests.
26. Receive appropriate and timely referrals and consultation.
27. Receive information regarding "continuity of care".
28. Expect the absence of clinically unnecessary diagnostic or therapeutic procedures.

As a patient of **Slate Hill Surgery Center**, you have the **RESPONSIBILITY** to:

1. Provide a complete and accurate medical history including medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician's orders.
3. Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
4. Fulfill financial responsibility for all services received, as determined by the patient's insurance carrier.

5. Provide the surgery center with all information regarding third-party insurance coverage.
6. Behave respectfully toward all health care professionals, as well as other patients.
7. Keep your appointment and notify the facility if you are unable to do so.
8. Read and understand all consents you have signed. Please ask questions for clarification before signing consents.
9. Carry identification with you.
10. Let us know if you don't understand any part of your treatment. Ask questions and take part in your healthcare decisions.
11. Let us know when you are having pain or when your pain is not being managed.
12. Respect the Center's property and equipment.

If you have any questions, concerns, or complaints regarding your care at this facility, you have the right to file a grievance or complaint.

Please ask the Front Office Personnel to contact the center's Administration immediately.

Administrator

Geoff Honeysett

717-920-8800 or ghoneysett@oip.com

**STATE DEPARTMENT OF HEALTH
DIVISION**

Room 532, Health and Welfare building
Harrisburg, PA 17120
717-783-8980

Office of the Medicare Beneficiary Ombudsman

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Accreditation Association for Ambulatory Health Care (AAHC)

5250 Old Orchard Road, Suite 200
1-800-853-6060

ADVANCE DIRECTIVES

Advance Directives: An Advance Directive is a legally binding document that protects your right to refuse and/or request certain medical treatments in the event you are unable to make decisions for yourself. These documents are only binding if completed by a competent adult and is signed by two persons as witnesses acknowledging the signature of the patient. Information on how to establish an Advance Directive is available at <http://dhcfp.nv.gov/Resources/PI/AdvanceDirectives/> and also upon request at the center.

All procedures performed at our center are elective in nature and patients are presumed to be capable of undergoing the necessary anesthesia and surgical procedure(s). Given the parameters that we use and

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the expected outcome of a successfully completed operative procedure, all reasonable efforts will be made to resuscitate every patient regardless of the statement in his/her Advance Directives, including a Living Will, Do Not Resuscitate (DNR), and/or Medical Power of Attorney. Our policy has been made based on careful conscience considerations. Therefore, we are informing patients who have an Advance Directive which includes a "DO NOT RESUSCITATE" order or other limitations involving life saving measures that they will not be honored during your care at our center. If you have an Advance Directive of any kind that you would like to have placed in your medical record, please bring the document with you on the day of your procedure. A copy will be made and placed in your medical record to be included with transfer to an appropriate health care facility following resuscitation.

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Your Rights and Protection Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as copayment, co-insurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your

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health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount of charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care – like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Pennsylvania partial balance billing protections require insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing to HMO and PPO enrollees for emergency services provided by all or most classes of health care professionals. Pennsylvania state protections do not apply to out-of-network facility emergency service charges (for PPO enrollees only), non-emergency services, or enrollees of self-funded plans.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-

network). Your health plan will pay out-of-pocket providers and facilities directly.

- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact The Department of Health and Human Services: 1- 800-985-3059 or Pennsylvania Insurance Department: 1-877-881-6388

Visit <http://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit www.insurance.pa.gov/nosurprises for more information about your rights under state law.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Treatment:

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, a report of your operation or results of your MRI will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations:

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Your health information may be used as necessary to support the day-to-day activities and management of the Surgery Center. For example, information on the services you received may be used for budgeting, financial reporting, and quality assurance activities.

Law enforcement:

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public health reporting:

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the Alaska public health department.

Appointment reminders:

Your health information may be used by our staff to send you appointment reminders.

Information about treatments:

Your health information may be used to send you information on treatment and management related to your medical condition. We may also send you information describing other health-related goods and services that we believe may be of interest to you.

Other uses and disclosures require your authorization.

Disclosure of your health information or its uses for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your health information, you may submit a written revocation of the authorization. However, your revocation will not undo any use or disclosure of information that occurred before you provided us with the written revocation.

Notice of Privacy Practices

Individual Rights

You have certain rights under the federal privacy standards. They include:

The right to request restrictions on the use and disclosure of your Protected Health Information (PHI).

The right to receive confidential communications regarding your medical condition and treatment.

The right to inspect and obtain a copy your PHI.

The right to change or submit corrections to your PHI.

The right to receive an accounting of how and to whom your PHI has been disclosed.

The right to receive a printed copy of this notice.

Center Duties

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices.

We are also required to follow the privacy policies and practices that are described in this notice.

We reserve the right to change privacy practice and have that change apply to all health information it maintains.



Requests to Inspect Protected Health Information (PHI)

If you wish to inspect or copy your PHI, you must submit a request in writing. You may obtain a form from our receptionist or privacy officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices or if you believe that your privacy rights have been violated, you may send a letter to:

Facility Administrator

3950 Hartzdale Drive
Camp Hill, PA 17011

OR

Secretary of Health and Human Services
www.hhs.gov
select HIPAA; select How to file a Complaint.