



ADVANCED NOTIFICATION DOCUMENT

NOTICE OF PATIENT RESPONSIBILITIES

1. You are responsible for complying with the TruVista Surgery Center's rules and regulations.
2. TruVista Surgery Center staff is expected to be courteous to you. In turn, you are expected to be courteous to them and other patients and are expected to help in keeping the noise and number of visitors to reasonable levels.
3. You may not damage or remove Surgery Center property or the property of others.
4. To the best of your ability, you are responsible for providing accurate and complete details about your past illnesses, your present condition and any allergies or sensitivities. You are responsible for informing your physician or Surgery Center personnel if you have been hospitalized in the past, the reason for this, and the medications and/or drugs you are now taking, including over-the counter products and dietary supplements.
5. You are responsible for informing your physician or the nurse if there has been an unexpected change in your condition or if any problems were identified in your treatment.
6. You are responsible for telling the physician or the nurse if you do not understand your treatment or if you do not understand what you are expected to do.
7. You are responsible for following the advice and instructions of the physicians, nurses and other personnel concerning your care.
8. You are responsible for any ill effects in the event you refuse treatment or do not follow instructions.
9. You are responsible for keeping your appointments and for informing the physician or the nurses if you cannot keep an appointment.
10. You are accountable for arranging a responsible adult to transport you home from TruVista and remaining with you for at least 24hrs after your procedure.
11. You are responsible for paying your bill promptly and for informing TruVista Surgery Center if someone other than yourself will be responsible for the payment.
12. You are expected to share with us your level satisfaction with your care with us, so that we may solve your concerns and learn from them.
13. You are responsible for informing TruVista Surgery Center staff of possible pregnancy.
14. The responsibility ***not*** to use a cell phone or other recording devices in patient care areas unless expressed permission is granted by the care provider.

NOTICE OF PATIENT RIGHTS

1. The right to courtesy, consideration, respect, privacy, dignity, responsiveness and timely attention to your medical and personal care needs. We adhere to the principle that patients come first.
2. The right to receive information about your stay and care. You have the right to inspect or to obtain copies of your medical records. You or your representative or surrogate may inspect and copy all of your clinical and other records concerning your care and maintenance kept by this Center or by your physician.
3. The right to have your questions answered, to receive second independent opinions and to be advised of potential conflicts of interest that your physicians might have. You also have the right to change your provider if other qualified providers are available.

4. Patients are entitled to know the benefits, risks and financial costs of the treatment alternatives that are appropriate for your condition. You should receive guidance from your physician as to the optimal course of action.
5. The right to participate in decisions regarding your medical treatment. Health care decisions should be a shared process between patients, their families and health care professionals. You are free to accept or refuse health care that is recommended by your physician(s) and to know the consequences of such action.
6. The right to have discussions, consultations, examinations and treatment conducted discreetly and held in confidence.
7. The right to confidentiality and to expect that communications and records pertaining to your care should be treated by TruVista Surgery Center as confidential and, except where required by law, should not be released without your express consent.
8. Both a right and a responsibility to take an active role in your care and treatment.
9. The right to be advised if TruVista Surgery Center proposes to engage in or perform experimental research affecting your care or treatment. You also have the right to refuse to participate in any such research projects
10. The right to be informed about fees for services, payment policies, and to examine and receive an explanation of your bill regardless of the source of payment.
11. The right to treatment without regard to race, color, national origin, sex, handicap or age.
12. The right to an environment free from all forms of abuse, harassment, and discrimination.
13. The right to assistance for a disability from a trained accompanying animal in accordance with ADA policies.
14. The right to exercise any rights, benefits or privileges guaranteed by law or policy without being subject to any form of discrimination or reprisal
15. The right to unimpeded, private and uncensored communication of your choice by telephone. We shall ensure that you have reasonable access to a telephone.
16. The right to have your representative notified of any surgical complication, illness or accident.
17. The right to designate advance directives such as a Living Will or a Durable Healthcare Power of Attorney which would authorize your designated agent to make health care decisions for you when you might be unable to do so. You are responsible for providing TruVista with a copy of any advanced directive.
18. The right to be free from performing services for TruVista that are not part of the therapeutic plan of care
19. The right to information regarding the identity and credentials of personnel providing you direct care.
20. The right to information concerning your continuing health needs and any alternatives available for meeting those needs.
21. The right to information about TruVista's rules and regulations affecting your care and conduct.
22. ***The right to express grievances, complaints or offer suggestions regarding the care and services provided by calling TruVista Surgery Center Administrator at 248-244-1500. If your concerns have not been satisfied you have the right to contact the Michigan Bureau of Community Health Systems' hotline number @ 1-800-882-6006, or by faxing to (517) 241-0093 AND/OR contact the Department of Health and Human Services at 1-800-447-8477. Further information regarding complains or concerns can be found at the Medicare Ombudsman website: <http://www.cms.gov/center/ombudsman.asp>. TruVista will not retaliate against any complaints.***

NOTICE OF ADVANCED DIRECTIVES

TruVista Surgery Center recognizes the need for patients to make decisions regarding the health care they receive. In cooperation with state, federal and regulatory agencies, TruVista will honor the following health care advanced directives: Appointment of a Health Care Representative, Durable Power of Attorney and a Living Will. Unfortunately, TruVista will not honor a DNR (Do Not Resuscitate) Order. Please bring a copy of any current advanced directive to your surgical appointment; this will ensure that it is included into your medical record. If the need arises to transfer you to a hospital, TruVista will provide the transferring hospital with a copy of your advanced directive. Brochures are available at TruVista with further explanation and directions regarding advanced directives. If you have any questions regarding health care directives, please contact registration staff prior to the date of your procedure or upon arrival to TruVista.

NOTICE OF TRUVISTA OWNERSHIP

TruVista Surgery Center is a freestanding, for-profit, physician owned surgery center. A list of the physician owners:

Physician Name	Specialty
Howard Adelson, DO	Ophthalmology
Todd Adelson, DO	Ophthalmology
Luisa DiLorenzo, M.D.	Ophthalmology
Robert Erickson, M.D.	Ophthalmology
Steven Fite, M.D.	Ophthalmology
Gregory Fitzgerald, M.D.	Ophthalmology
William Goldstein, M.D.	Ophthalmology
Lawrence Handler, M.D.	Ophthalmology - Ocular-Plastic
Jeffrey Kalt, M.D.	Ophthalmology
Barbara Kuczynski, M.D.	Ophthalmology
Timothy Page, M.D.	Ophthalmology
Zachary Pearce, D.O.	Ophthalmology – Ocular-Plastic
Benjamin Monson	Ophthalmology
Piero Simone, M.D.	Ophthalmology
Max Walsh, M.D.	Ophthalmology
W. Scott Wilkinson, M.D.	Ophthalmology
Sunvera Group	Corporate Partner

Billing Disclosures – Your Rights and Protections

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 a copayment, coinsurance, 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 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 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 balance 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.

Additionally, Michigan law protects patients from balance billing and requires that the patient pay only their in-network cost sharing amounts for: (i) covered emergency services provided by an out-of-network provider at an in-network facility or out-of-network facility; (ii) covered nonemergency services

provided by an out-of-network provider at an in-network facility if the patient does not have the ability or opportunity to choose an in-network provider; and (iii) any healthcare services provided at an in-network facility from an out-of-network provider within 72 hours of a patient receiving services from that facility's emergency room.

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 protections 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.

Additionally, Michigan law states if the patient consents to receive nonemergency care from an out-of-network provider, the balance billing prohibition does not apply. These protections apply to any patient covered by a Michigan health benefit plan and a self-funded plan established or maintained by the state or local unit of government for its employees.

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-network 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 U.S. Centers for Medicare & Medicaid Services (CMS) at **1-800-MEDICARE** (1-800-633-4227) or visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

- The Michigan Department of Insurance and Financial Services at 877-999-6442 or visit “**Michigan Department of Insurance and Financial Services Implements Important New Health Insurance Consumer Protections**” for more information about your rights under Michigan law.

Good Faith Estimate

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

Under the law, healthcare 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 healthcare provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your healthcare 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.

Get More Information

For questions or more information about your right to a Good Faith Estimate, visit **[cms.gov/nosurprises](https://www.cms.gov/nosurprises)** or call **1-800-MEDICARE** (1-800-633-4227)

Notice of Nondiscrimination:

English

Truvista Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Truvista Surgery Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Truvista Surgery Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Andrew Gwinnell.

If you believe that Truvista Surgery Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Andrew Gwinnell, Administrator, 230 W. Maple Rd, Ste 100, 248-244-1500, Fax: 248-250-7230, email: agwinnell@truvistasurgerycenter.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Andrew Gwinnell, Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

