

Your payment to POSCW is for *this Facility Fee Only*. You will receive a separate bill from your physician, anesthesia provider, pathologist, laboratory, radiologist and/or any other professional consultant for their service if applicable. Call POSCW for contact information to make arrangements with those providers.

**Discharge** - Following your procedure, POSCW nursing staff will provide you with a copy of your Discharge Instructions and will review those instructions with you and others designated by you. You should take this opportunity to ask any questions that you have regarding your post discharge and recovery care. You will be given supplies necessary for one night of care. You must have a responsible person to stay with you after surgery including the night following.

**Transportation** - For the public's safety, as well as your own, POSCW requires you to have someone to drive you home after surgery. Some procedures, anesthesia and medications may impair your ability to drive safely for a period of time following surgery. *If you do not have a ride, your appointment will be rescheduled.*

### COSTS AND PAYMENTS

You are expected to bring your driver's license (or other picture ID) and your current insurance card with you on the day of surgery. **The costs for ambulatory surgical services are normally covered by most health care plans except for your deductible, copay and/or co-insurance.** We will submit claim forms directly to all third party payers on your behalf; however, following that, it is your responsibility to work with your carrier to have your claim addressed promptly.

### ANESTHESIA

The Anesthesiology professionals on staff are from Northside Cherokee Anesthesiology and they are looking forward to meeting you and taking care of you during your upcoming appointment at POSCW. Anesthesia administered here is tailored to the outpatient experience by using specialized techniques and medications to make the experience safe and pleasant. The type of anesthesia used depends on your general health, the type of procedure and other factors that will be gathered from your records and your pre-anesthesia evaluation.

They will discuss the plan and what you can expect, so please ask questions. The goal of these physician specialists is to provide the best, safest medical care during surgery and safe, effective pain relief afterwards to help with your prompt recovery.

You are required to contact the Pinnacle Orthopaedics Surgery Center-Woodstock business office, at 770-926-6975, at least one day prior to your scheduled procedure. At this time, demographics, insurance information and payment will be obtained. Failure to make arrangements for payment may cause your surgery to be delayed or cancelled.

### OWNERSHIP:

POSCW is a Limited Liability Corporation owned by:

Clark H. Glass, MD  
Mark W. Diehl, MD  
Stanley H. Dysart, MD  
Charles M. Pesson, MD  
Scott Swayze, MD  
John Day, MD  
Samuel S. Fleming, MD  
Mark S. Duffield, DO  
Craig M. Chebuhar, MD  
Matthew B. Jaffe, MD  
Keith A. Lamberson, MD  
James R. Malcolm, MD  
Alan R. Swayze, MD  
Michael Kuczumanski, MD  
William Terrell, MD  
D. Hodari Brooks, MD  
Richard R. Maguire, MD  
Eric I. Francke, MD



### Directions:

#### Southbound

I 575 South, Take Exit 8  
Turn right onto Towne Lake Parkway  
Right at Stone Bridge Parkway  
Turn Left at 1505 Stone Bridge Parkway

#### Northbound

I-75 North to I-575 North, Take Exit 8  
Turn Left onto Towne Lake Parkway  
Right at Stone Bridge Parkway  
Turn Left at 1505 Stone Bridge Parkway

**Phone: 770-926-6975**



**1505 Stone Bridge Parkway, Suite 120  
Woodstock, Georgia 30189**

**[www.pinnacle-ortho.com](http://www.pinnacle-ortho.com)**

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

**Your surgery has been scheduled for:**

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

**You will be notified of your scheduled surgery arrival time the day before surgery.**

## AMBULATORY SURGERY

WELCOME to **PINNACLE ORTHOPAEDICS SURGERY CENTER – Woodstock**. We are pleased that you and your physician have scheduled your surgery at our facility.

**PINNACLE ORTHOPAEDICS SURGERY CENTER – Woodstock** (hereafter referred to as POSCW) is a state-of-the-art ambulatory surgery center where surgeons perform outpatient, orthopaedic surgical procedures.

Our physicians must meet stringent credentialing and privileging criteria to be a member of our Medical Staff. Our professional staff is well trained to provide you with optimal patient care while addressing your individual needs.

Our Center offers a safe, convenient, high quality alternative to inpatient hospitalization. The Center is licensed by the State of Georgia.

The organization chosen to accredit and certify POSCW in the Medicare program is AAAHC; an agency that specializes in ambulatory surgery facility quality excellence and is well recognized in the professional community for their high quality standards.

Along with the information that your doctor's office will gather to help us make the day of your surgery or procedure as easy as possible, we are taking this opportunity to give you some information that is important for you to know before the day you are scheduled to be at POSCW.

Everyone has certain Rights and Responsibilities as a patient in the surgery center which we take seriously. They include:

Right to personal privacy – It is POSCW's goal for everyone who works here to treat every person with dignity and respect in an environment that is as private as possible so that you feel safe, comfortable and at ease. For instance: You will be provided a private place to change clothing and to wait instead of returning to the waiting room. We also commit to keeping your personal health information confidential as provided by law (HIPAA).

### Therefore:

1) Patients have the Responsibility to indicate if they feel their privacy is being violated or feel unsafe while at POSCW. Right to receive care in safe setting – POSCW employs trained, professional healthcare workers and adheres to State, Local and Federal safety/health standards.

Therefore: a) Patients have the Responsibility to indicate if they feel their safety and/or health is threatened while in POSCW.

2) Right to be free from all forms of abuse or harassment – POSCW will treat all patients equally, with courtesy and respect.

Therefore: a) Patients have the Right & Responsibility to file a grievance by following the policy and procedure (posted in POSCW) of notifying the person in charge if they feel that their

rights are being or have been violated. Patients will be informed of the Facility's investigation, time-frame for a response, and the outcome, in a timely manner;

3) Right to be informed and understand planned care by your physician while at POSCW, the expected outcome and possible complications or possible effects if the procedure is not performed.

Therefore: a) Patients have the Responsibility to ask questions about anything they do not understand;

4) Right of patient or patient's designated representative (if one exists) to make informed decisions about care whether or not the patient is incapacitated or been declared incompetent by the court.

Therefore: a) Patients have the Responsibility to designate that individual if they wish and inform POSCW of that decision before surgery; and

5) Right to know that the POSCW's policy on Advance Directives is to stabilize and transfer patients experiencing a life-threatening emergency to a nearby hospital where their Advance Directives will be honored. Patients may receive forms for Advanced Directives from the POSCW.

Therefore: a) Patients have the Responsibility to inform the POSCW if they have Advance Directives or want information.

Resources for filing a complaint or grievance to Administrator:  
*Donna Fisher, Administrator 770-926-6975*

State Agency in charge of licensing POSCW:  
*Georgia Department of Community Health Healthcare Facility Regulation Division  
2 Peachtree Street, NW  
Atlanta, GA 30303-3142  
Phone: 404-657-5430*

Medicare Ombudsman website:  
[www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)

## WHAT YOU CAN EXPECT

We intend to make your experience as pleasant as possible for you and your significant others. You will receive telephone call(s) from POSCW to gather health and financial information prior to your scheduled surgery or procedure. Your physician's office will set up a pre-operative appointment time prior to your surgery (if not already). At this appointment a Surgery Center nurse will review your medical history, your current medications and other pertinent information. She will also review any necessary instructions with you. In certain circumstances, this may be completed over the phone. If you are a non-English speaking person, please inform us ahead of time. You may do that by notifying personnel in the doctor's office at your appointment. If you can provide an interpreter call us with questions about your experience at POSCW. All of our personnel will be available to

either answer your questions or find out the answers for you. If you have not heard from us a few days before your scheduled procedure, please call us. For a specific question, comment or complaint, please do not hesitate to contact our Administrator, Donna Fisher.

## PROMPT ATTENTION, PLEASANT SETTING

All POSCW appointments are scheduled and unlike a hospital, we do not have to deal with the interruptions of inpatient surgical procedures and emergency cases. As a result, you're assured of prompt attention to your needs, and in an atmosphere that's pleasing to doctors, patients and family members. Therefore, it is important to arrive in a timely manner and follow all instructions provided to you by our personnel. At any time that you do not understand what is happening, please ask.

## IMPORTANT NOTES ABOUT YOUR VISITS

Always wear something comfortable and easy to remove. Do not wear jewelry if possible. If you wear contacts, bring a lens box and your glasses. You must wear responsible, adult support persons with you when you come for surgery but please remember that space is limited and be aware that all patients will have others with them.

Your arrival time at the center on the day of surgery will be approximately 1 hour before your surgery start time. This will allow time for registration and evaluation.

Please bring any medical records or other documents related to your surgery that your physician gives you. Follow all instructions given you by our staff. **Specifically:**

**Medications** - Any medications, including pain pills you are taking, should be taken *only* as instructed by the staff and with *only* a small sip of water no later than four hours before your arrival time. However, if your medications include blood thinners, you *must* discuss this with your physician prior to your surgery. If you have not done so, please call us. Please bring *all* medications with you in their original containers.

Please bathe or shower the night before or the morning of surgery to minimize the risk of infection unless otherwise instructed by your doctor. You should brush your teeth but do not drink/swallow any water. You should refrain from smoking after midnight the night before surgery.

If you are or could be pregnant, please notify us *immediately* upon arrival at the Center. Several medications and possible proximity to the use of radiation may cause harm to a developing fetus.

Our office personnel will be glad to assist you, answer any questions you may have, and help you with your payment arrangements before your surgical procedure. POSCW accepts MasterCard, VISA and other major credit cards, as well as payment in cash or by check. We also offer information on Care Credit.