

Pre-Admission Information & Surgical Center Policies

Welcome to Fairfax Colon & Rectal Surgical Center, LLC an outpatient surgery facility in Fairfax, Virginia. Our center is equipped with a large comfortable reception area, a private pre-operative/recovery suite, one operating room, and one procedure room. Each area is designed to provide you with a positive surgical experience.

PRIOR TO SURGERY/PROCEDURE

Pre-operative communication is important: Your surgeon or our physician's assistant will discuss your operation/procedure with you at your pre-surgical office or virtual visit. Be sure to tell your surgeon about any medications you may be taking and ask which you may and may not take on the day of surgery. It is important that your medical history is on file with our office. You may be asked to fill out a new medical history if your information is greater than 30 days old. You may be called by our nursing staff prior to your scheduling your procedure if we have questions about your medical history, medications or if we need to obtain medical or cardiac clearance. You will receive your preparation instructions at your appointment as well as in your confirmation email. If a change occurs in your physical condition prior to surgery such as COVID-19 symptoms (fever, sore throat, cough, shortness of breath, etc.), COVID-19 positive test, COVID-19 exposure, cold, rash, upset stomach, or any other illness, please contact our Center's Nursing Line at (571) 255-8700 and speak to a nurse.

DAY OF SURGERY/PROCEDURE

Please wear comfortable clothing and sensible shoes. All jewelry should be left at home, if not, you will be asked to remove it in the pre-operative area. When it is time for your procedure, a member of the Fairfax Colon & Rectal Surgical Center staff will escort you into the pre-operative suite where you will be asked to change into a gown provided by the Center. Your clothing will be placed in a patient-belongings bag and placed in a locker or given to your responsible party. We will take your vital signs, review your history and medications, start an intravenous line (IV) and you will speak with your anesthesiologist and surgeon. Just before going into the operating room, you may be asked to remove any prostheses, dentures, glasses and all jewelry. You will be in the pre-operative suite for approximately one hour prior to your surgery. After your procedure is complete you will be taken into the recovery area, where your designated responsible party may join you. Because space is limited, as well as for other patients' privacy, only one person is permitted to remain in recovery with you. A beverage and crackers are provided for patients in the recovery suite. If you have a special dietary need you may bring a small snack of your own. In rare instances, you may need to be admitted to the hospital if more extensive surgery is necessary, issues arose due to the anesthesia, or you experience more discomfort than expected.

AFTER YOUR DISCHARGE

You will be given specific written instructions regarding your care upon discharge from the Center. It is important to have your caregiver available during the post-operative discharge instructions; due to the anesthesia you may experience difficulty remembering what was discussed. Remember, you must have a responsible adult available to drive you home. Taxi transportation is not allowed unless the patient is accompanied by a responsible adult. For your comfort and safety we recommend that you:

- Have someone stay with you for the first 24 hours following your procedure.
- Take it easy until your surgeon says you can return to your normal routine.
- Do not drive a car, operate machinery or power tools for 24 hours or while taking prescribed pain medications.
- Do not drink alcoholic beverages for at least 24 hours following your procedure or while taking prescribed pain medications.
- Follow your surgeon's instructions regarding diet, rest, and medication.
- A member of the Surgical Center staff will call you the following working day after your procedure to check your progress. It is natural to experience some discomfort at the surgical site following the procedure. You may also experience some drowsiness or dizziness for the first 24 hours depending on the type of anesthesia you receive.
- If you feel you are having problems after discharge, contact our office at (703) 280-2841. If you happen to call after hours, follow the prompts and you will be directed to the surgeon on call.

Policies

DISCLOSURE OF OWNERSHIP: I have been advised that the following physicians have an ownership interest in the facility: *Dr. Donald Colvin, Dr. Lawrence Stern, Dr. Kimberly Matzie, Dr. Caroline Sanchez, Dr. Katherine Khalifeh, and Dr. Timothy Plerhoples*. A schedule of typical fees for services provided by this facility is available upon request. These procedures are performed at hospitals and other outpatient facilities in this community. I have the right to choose where to receive services, including a facility where my physician does or does not have an ownership interest. I have chosen to be treated at this facility.

ARRIVAL TIME AND PAPERWORK: You will be provided your finalized arrival time 48-72 in advance of your procedure date. Verification of health and registration information will be required at your visit to the Center. In addition, for each visit you will need to have your insurance card and government issued photo identification.

SCHEDULING/MISSED APPOINTMENTS: Missed procedures/surgical appointments cancelled with less than a 7-day notice will incur a \$300.00 charge. Abusive missed procedures may result in your dismissal as a patient. Because we are a surgical practice, emergency situations may arise that result in the physician being called away to the operating room. If the physician is unable to perform your procedure as a result of the emergency, he or she may request that another physician in this practice perform your procedure. If you wish to reschedule, every effort will be made to accommodate you.

MEDICAL RECORDS: To obtain copies of your medical records you must sign a Medical Release form. There is a \$10.00 processing fee, plus \$0.50/page. These fees, set forth by Virginia State law, must be paid in full before your request can be processed. Please allow up to two weeks for processing.

FORMS, LETTERS, REPORTS: Disability, workman's compensation, etc. The fee for completion of these items is \$35.00. All fees must be paid in full before the forms can be produced. Please allow at least one week for processing.

YOUR RIDE HOME: You will need a ride to take you to and from our Center for your procedure. You will not be taken back for your procedure until the nurse has confirmed that your driver is in our waiting area. If your ride is not available when you are ready to be discharged a \$100 administrative fee will be assessed.

PRESCRIPTIONS: If for any reason your prescription for medication, CT Scan, MRI, PET scan, etc., needs to be rewritten there will be a \$10.00 charge for a replacement to be called or faxed to a pharmacy or radiologist, or mailed to you. Please utilize our website www.fairfaxcolorectal.com for prescription refills.

FINANCIAL RESPONSIBILITY: If you are having a procedure in our surgical center, you may receive bills from several different providers: the physician performing the procedure, the Ambulatory Surgical Center, Anesthesia providers, and a laboratory if specimens are obtained during your procedure. Please note, because the insurance policy is an agreement between the insured and the insurance company, we expect all patients or their guardian to be fully responsible for knowledge of your insurance benefits, as well as fully and directly responsible for all charges regardless of insurance coverage. Please be assured that we will do everything possible to see that you receive your full benefits in a timely manner. If your insurance company has not paid their portion of your bill within 60 days, you will be responsible for full payment at that time.

OUTSTANDING BILLS AND COLLECTIONS: There will be a 5% late fee for balances not paid when due (within 30 days of the first statement date) unless other arrangements have been made. In the event that an account becomes past due (over 30 days) and arrangements for payment have not been made, said account may be placed for collections. The patient should also understand that they will be responsible for all costs of collection including agency fees, court cost and/or attorney fees. If an account is sent for collect the patient authorizes the collection agency to make calls to the mobile phone number in addition to any other phone numbers associated with the patient account.

INSURANCE: COPAY, DEDUCTIBLE AND COINSURANCE: Where we have a participating agreement with your insurance company, we will expect your estimated co-payment, and/or co-insurance at the time of treatment. We will also request that you pay any outstanding deductible. Contracts with insurance companies do not permit the waiver of these fees under any circumstances. Prior to your procedure/surgery we will verify your benefits, obtain any co-insurance, co-pay and deductibles, as well as pre-certify your surgery/procedure if required. Your insurance carrier will provide us an estimate of your financial responsibility and we will provide that information to you approximately 7 days prior to your surgery/procedure. These fees will be communicated to you via email and/or phone. If we do not participate with your insurance company, as a courtesy we will file your claim for you, however, you will be responsible for all charges not covered by insurance.

If your insurance changes prior to your procedure you must notify us no less than 7 days prior to your surgery/procedure or your appointment may need to be rescheduled. If a referral is necessary for your surgery/procedure; it is your responsibility to send your referral to our office no less than 7 days prior to your surgery/procedure.

UNINSURED/SELF-PAY: If you are not insured, payment for services is due in full on the date of your surgery/procedure unless other arrangements have been made with our financial department in advance of your procedure. Anesthesia services are provided by NAPA Anesthesia and you will need to contact them at (844) 344-6569 to set up payment arrangements for their services.

RETURNED CHECK FEE: You will be assessed a \$ 50.00 Returned Check Fee for insufficient funds or closed accounts.

ADVANCE DIRECTIVES: Federal Law directs that any time you are admitted to a health care facility, you must be told about the laws concerning your rights to make health care decisions. This applies to all patients, no matter what their medical condition. You have the right to consent or refuse any medical care and treatment, unless care is ordered by a court.

In an emergency, your consent to resuscitation (CPR), medical care, and treatment is assumed. In order to be in compliance with the Self-Determination Act (PSDA) and State laws and rules regarding advance directives, we will be asking if you have a living will. If you do not, this facility's staff will offer you information on how to make a living will. Because this is an ambulatory setting, any Advance Directive to withhold resuscitation (CPR) will not be honored while you are in this facility. Should you suffer cardiac or respiratory arrest or other life- threatening emergency, we will provide resuscitation and transfer you to a higher level of care.