

Welcome to Virginia ENT Surgery Center and thank you for trusting us with your care! We are dedicated to providing high-quality, patient-centered care. As the surgical process may be stressful, this folder will help guide you through what to expect before, during, and after surgery.

- **Preparing For Surgery** – This is a detailed list of what to expect and what is needed in preparation for your procedure. Please review the age-specific instructions on this form.
- **What to Expect the Day of Surgery** – This is an outline of details and activities you can expect upon arrival at the Surgery Center. This is helpful with decreasing anxiety prior to arrival, especially with children.
- **Pre-operative History and Physical Examination** – A History & Physical (pre-op) exam must be completed prior to surgery, within 5 days of surgery for patients 12 and under and within 30 days for patients over 12 years of age. Please take this form with you to your pediatrician or primary care physician for completion. Ask their office to fax the completed form to our Surgery Center at **804-303-7955** and bring the original copy with you to the Surgery Center the day of your surgery.
- **Your Rights and Responsibilities as a Patient** – On the day of your surgery, you will be asked to sign that you have received a copy of our “Patient Rights and Responsibilities” and have had the opportunity to ask questions.
- **Financial Agreement** – We have included the Financial Agreement which you will sign at registration on the day of surgery. **Please note that our policy is to collect the patient co-pay/deductible amount prior to the day of surgery.**
- **Advanced Directive** – We have included our Advanced Directive policy for your review. If you have an advanced directive, please bring a copy with you to the Surgery Center.



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Preparing For Surgery

- We recommend waiting at least 24 hours after your visit before contacting the Surgery Coordinator to schedule your surgery. This allows us to review the orders from your doctor.
- The office will contact your insurance company to obtain pre-authorization, if required.
- You will receive a text message with your estimated out-of-pocket cost. A copay or deductible will be collected **prior** to your procedure.
- Please schedule an appointment with your pediatrician or primary care physician for completion of the **Preoperative History and Physical Examination Form** as outlined below.
- The Surgery Center will contact you the business day prior to your procedure with an arrival time. If you have not been contacted by **2PM** the business day prior, please call the Surgery Center at (804) 401-8383. Please make every effort to answer your phone and ensure your voice mailbox can accept messages.
- Surgery times are based on various factors, including age and medical history. Patients are generally scheduled from youngest to oldest.
- Please contact us at **(804) 401-8383** if you develop a cold, sore throat, fever, or any other illness within 48 hours prior to your scheduled surgery.
- Prepare to bring your photo ID, insurance cards, and payment (if not already collected) with you to the Surgery Center. If applicable, bring copies of all legal documents (e.g., custody of child, guardianship, foster parent of child) and/or Advanced Directive.
- Patients <18 years old must be accompanied by a parent or legal guardian.
- Patients ≥ 18 years old, please plan to be accompanied by a responsible adult who will remain at the Surgery Center for the duration of your care and provide transportation home. A responsible adult must remain with the patient for at least 24 hours after their procedure.
- Review post-operative instructions prior to the day of surgery. This will help with expectations and planning. These can be found at <https://virginiaent.com/pre-and-post-op-instructions>



Patients Aged 12 And Under

- Schedule an appointment with your pediatrician within 5 days of surgery for completion of the **Preoperative History and Physical Examination Form**.
- Ask your pediatrician to fax the completed form to **(804) 303-7955**. Bring the original completed form with you the day of surgery.
- **Make sure your child does not have anything to eat or drink after midnight the night before surgery.**
- Dress your child in two-piece pajamas, no onesies, or footies, please. Bring a change of clothes and/or diapers, if needed.
- Your child may bring a special toy, blanket, and/or pacifier. Please bring a bottle, sippy cup, and/or formula for after the procedure, if needed.
- You will stay with your child in the pre-op area prior to surgery. Only clinical staff are permitted into the surgical area. After surgery you will be brought to your child in the recovery area as soon as possible.

Patients Aged 13 And Over

- Schedule an appointment with your primary care physician (PCP) within 30 days of your scheduled surgery for completion of the **Preoperative History and Physical Examination Form**. Please see **Preoperative Testing Guidelines** on the back of the form for any additional tests including an EKG or lab work.
- Ask your PCP to fax the completed form to **(804) 303-7955** and bring a copy with you on the day of surgery.
- A pre-admission testing nurse may contact you after scheduling your surgery to review your medical and surgical history.
- **NOTHING to eat or drink after midnight the night before surgery.**
- Wear clean, loose, comfortable clothing, and a button-up shirt if possible.
- Remove all piercings and body jewelry.
- Do not wear contact lenses, makeup, lotion, nail polish, or perfume.
- Bring a case for dentures, glasses, or hearing aids if applicable.
- Avoid alcohol, recreational drugs, vaping, smoking, or tobacco for at least 24 hours before your procedure.
- Take medications as directed by the preoperative nurse and/or physician.



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What To Expect The Day Of Surgery

While checking in at the Surgery Center:

- You will need to provide the following:
 - Copy of the completed **Preoperative History and Physical Examination Form**
 - List of current medications
 - Photo ID (if patient <18 years old, photo ID of parent/ legal guardian is needed)
 - Insurance card(s)
 - Payment for your copay or deductible if not already collected
- Once registered, a member of our team will apply an identification band to be worn during your visit. For patients under 18 years old, a parent/ legal guardian will be required to wear a matching identification band.
- A patient tracker is located in the waiting area to provide patient updates and status. Medical Record numbers are used in place of names to maintain patient confidentiality.

While In The Preoperative Area:

- We will confirm you have not had **anything** to eat or drink after midnight.
- Your medical and surgical history, including medications and allergies, will be reviewed.
- Your vital signs will be obtained. An IV may be inserted prior to transfer to the operating room for patients ages 10 and older, if needed.
- A urine sample will be obtained for any menstruating females to perform a pregnancy test.
- You will meet with the anesthesia and surgical teams.
- As a safety check, you will be asked several times to state your name, birthdate, and what type of surgery you are having.
- Consents will be reviewed and signed.
- Surgical site will be verified.
- A nurse will review post-operative instructions with you and the person accompanying you.

While In The Operating Room:

- The surgical team will move you from the preoperative area to the operating room.
- You will be continuously monitored while in the operating room.
- The lights may seem bright and the temperature cool. Warm blankets are available for your comfort.

After Surgery:

- You will be taken to the recovery room immediately following surgery.
- Your surgeon will update your parent/ family member/ designated contact person after surgery.
- Your parent/ family member/ designated contact person will be brought to the recovery area as soon as possible.
- A responsible adult must remain with you for the first 24 hours following your discharge.
- Direct any medical questions following surgery to your surgeon/clinical staff at **(804) 484-3700**.



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Preoperative History & Physical Examination

(Please see back of form for additional testing requirements)

Virginia ENT Surgery Center requires the Preoperative History and Physical Examination be performed and signed within 5 days of surgery for patients 12 and under, and within 30 days for patients over 12 years of age.

Patient: _____ Age: _____ Gender: _____

Surgery Date: _____ Surgeon: _____

Procedure: _____

Medical History 1. _____ 2. _____

3. _____ 4. _____

Surgical History 1. _____ 2. _____

3. _____ 4. _____

Patient history OR family history of **MALIGNANT HYPERTHERMIA**? ☐ NO ☐ YES

Drug Sensitivities

Reaction

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Patient history OR family history of **BLEEDING OR CLOTTING DISORDER**? ☐ NO ☐ YES

Current Medications

Dosage

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Latex Sensitivity ☐ NO ☐ YES Social History: Tobacco/Smoking _____ Drugs/ETOH _____

Vitals: Pulse: _____ BP _____ Temp _____ Height _____ Weight _____ BMI _____

General: _____ HEENT: _____

Heart: _____ Lungs: _____

Abdomen: _____ Extremities: _____

Neurological: _____ Other: _____

Based on the above evaluation, this patient is

☐ **STABLE** for the above surgery

Printed Name of Practitioner

Signature of Practitioner

Date

☐ **UNSTABLE** for the above surgery

Printed Name of Practitioner

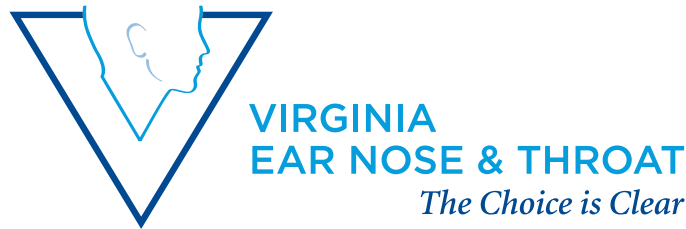
Signature of Practitioner

Date

Please fax completed form back to Virginia ENT Surgery Center at 804-303-7955 (fax)

Preoperative testing requirements for general anesthesia include:

- 12-lead EKG within 6 months for patients with hypertension, cardiac disease, diabetes, renal disease, or taking diuretics, digoxin, or digitalis
- Electrolytes within 2 months for any patient with significant cardiac disease, diabetes, renal disease, or taking diuretics, digoxin, or digitalis
- Complete Blood Count (CBC) within two months for patients with anemia, recent bleeding, or platelet abnormalities
- A urine pregnancy test is performed on all menstruating females on the day of surgery at the Surgery Center.
- Additional testing may be required based on medical and surgical history.



Patient Rights and Responsibilities

At Virginia ENT Surgery Center, we are committed to providing you with the best possible healthcare. We believe patients and/or parents/ legal guardians who understand and participate in their healthcare decisions achieve better outcomes. Therefore, we encourage you to become an active partner in your healthcare by being informed about your patient rights and responsibilities.

Patients receiving care at Virginia ENT Surgery Center are assured of the following rights:

1. All patients will be treated with respect, consideration, and dignity and without discrimination on the basis of race, color, religion, sex, national origin, disability, sexual orientation, or source of payment. Patients will be free from reprisal when exercising these rights or for any other reason.
2. The personal privacy of all patients and their families will be maintained throughout their entire experience at the Surgery Center and thereafter. This shall begin with the scheduling process and continue through registration, discussions of patient care, consultations, examinations and treatments, discharge, and any subsequent sharing of patient records.
3. All patients will be treated in a safe setting where they are free from all forms of abuse, harassment, and discrimination. Patients and/or their families shall be able to take advantage of all rights without fear of discrimination or any negative reprisals/ consequences. They shall be assured they are being treated by staff and providers who are appropriately educated and competent in their positions. They shall also be treated in an environment that is equipped in an appropriate manner and the equipment is maintained on an ongoing basis.
4. When the need arises, reasonable attempts will be made by the Surgery Center staff to ensure arrangements are made to communicate in the language or in the manner primarily used by the patient. This shall apply to those who communicate in a foreign language and the hearing impaired.
5. Patients have the right to be able to make informed decisions. In association with this, patients are provided with, to the degree known, information concerning their diagnosis, evaluation, the planned treatment, and the expected outcome and prognosis. Examples of how patients and/or their families/legal representatives may participate in healthcare decisions include, but may not be limited to:
 - a. Requesting/receiving a second opinion concerning the proposed surgery, if requested.
 - b. Changing providers if other qualified providers are available.
 - c. Giving informed consent (which includes understanding the risks, benefits, and alternatives to the planned procedure) to the physician prior to the start of the procedure.
 - d. Receiving appropriate and timely follow-up information of abnormal findings and tests.
 - e. Receiving appropriate and timely referrals and consultations.
 - f. Refusing medications or procedures and having a physician explain the medical consequences of the medications and procedures.
8. Patients have the right to refuse to participate in research studies.
9. Patients have the right to be made aware of the Surgery Center's policy on Advance Directives and to have documented in their medical record whether or not they have an Advance Directive. Copies of Advanced Directives and/or healthcare proxies shall be included in the patient's medical record. If transfer to an acute care facility becomes necessary, such documents shall be sent with the patient or the legal guardian/representative.

10. Patients have the right to know how to express a grievance or complaint regarding treatment or care. Grievances may be voiced or submitted in writing and the patient shall be assured there will be an investigation by a person in authority at the Surgery Center in a reasonable amount of time. Documentation of the complaint, the investigation, and the resolution of the grievance shall be communicated to the concerned parties.

Virginia ENT Surgery Center- ATTN Grievance
6600 West Broad Street, Suite 210 Telephone: 804-401-8383
Henrico, VA 23230

11. Information on Medicare Beneficiary Ombudsman can be accessed online at:
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>
12. You may file a complaint with the Office of Licensure Certification (OLC) at:
Compliant Intake Toll free: 1-800-955-1819 (TTY 711)
Office of Licensure and Certification Metro Richmond: 804-367-2106 (TTY 711)
Virginia Department of Health Email: OLC-Complaints@vdh.virginia.gov
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463

As a patient and/or parent/ legal guardian, you have the responsibility to:

1. Provide complete and accurate information to the best of your ability regarding health status, medical history, current medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
2. Follow the agreed upon treatment plan prescribed by the provider and participate in your care.
3. Have a responsible adult accompany you to the Surgery Center and remain while you are under the care of the Surgery Center. The responsible adult must provide transportation home from the Surgery Center and remain with you for 24 hours if required by his/her provider.
4. Provide the Surgery Center with accurate information for billing purposes. Accept personal financial responsibility for any charges not covered by insurance.
5. Provide the surgery center with legal paperwork.
6. Be respectful of all healthcare professionals and staff, as well as other patients and visitors.
7. Request more information if at any time you do not understand your illness or the planned treatment.
8. Keep your appointment. If you are unable to do so, please notify Virginia ENT Surgery Center no later than 24 hours in advance of the date of your appointment.

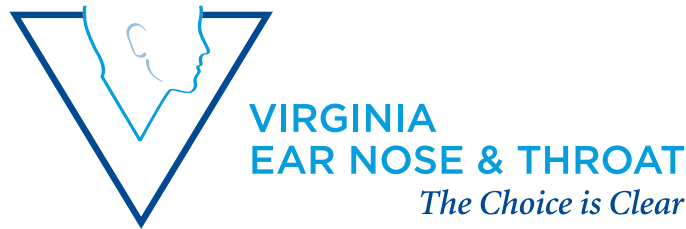
Notice To Patients Concerning The Virginia ENT Surgery Center

The Following Virginia Ear, Nose & Throat Physicians Have Invested Interests In The Virginia Ent Surgery Center:

| | | | |
|-------------------|--------------------------|---------------------------|----------------------|
| Robert Brager, MD | Alan Burke, MD | John Michael Kenerson, MD | Jin Lim, MD |
| James May, IV, MD | Thomas Robertson, MD | David Salley, MD | George Tarasidis, MD |
| James Tyson, MD | Daniel Van Himbergen, MD | | |

The Medical Services Provided At The Surgery Center May Be Available From Other Suppliers In The Community

As A Patient, You Have The Freedom Of Choice In The Selection Of Any Hospital Based Or Ambulatory Surgery Centers In The Community For Your Medical Needs.



Financial Agreement

In consideration for the services rendered to the patient named below, the undersigned obligates him/herself to the account of Virginia ENT Surgery Center in accordance with the regular rates and terms regardless of whether insurance payments are made on my behalf. The undersigned hereby authorizes direct payment of any insurance benefits to Virginia ENT otherwise payable to me for this surgery. I transfer and assign all the right, title and interest and payment due to me to the Surgery Center.

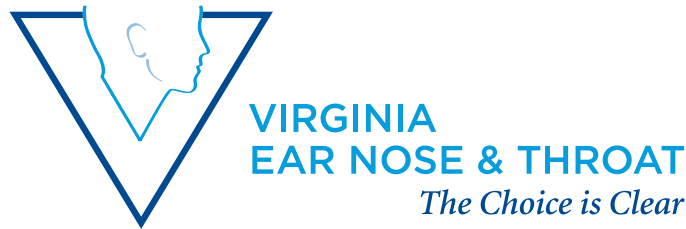
I understand that Virginia Ear, Nose & Throat, on behalf of the Surgery Center, will file my insurance claims as a courtesy; however, I am ultimately responsible for full payment of all charges. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's responsible party understands that Virginia Ear, Nose & Throat has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the patient's responsible party understands and agrees to pay all attorney fees, in the amount of thirty-three and one-third percent (33 1/3 %) of the total unpaid balance due, plus court costs and filing fees incurred by Virginia Ear, Nose & Throat. I understand and agree that should Virginia Ear, Nose & Throat be awarded judgment relating to this agreement or any debt incurred thereof, I will pay a service charge of one and one-half percent (1 1/2 %) per month, eighteen percent (18%) per annum, beginning on the date of judgement.

I certify that I have read and understand this agreement and I am the patient, parent, legal guardian or am duly authorized by the patient as the patient's general agent to execute this Agreement and accept the terms.

Signature

Printed Name

Date



Advanced Directives

Policy: 1.3 Attachment 1.3a

Effective Date: 11/01/2018

Revision Date: N/A

Reviewed: 10/22/2021

Policy:

Due to the types of patients seen at the center and the types of procedures performed, while receiving care within the Virginia ENT Surgery Center, Advance Directives will be honored except for the Do Not Resuscitate portion. It will be documented in a prominent location in the Clinical Record whether or not each patient has an Advance Directive. If the patient has an Advance Directive and brings it with them, a copy will be made and scanned into the Clinical Record. In the event a patient is transferred to an acute care facility, a copy of the Advance Directive will be included with a copy of the patient's medical record and will be sent to the hospital.

Procedure:

Prior to any procedure, the center will provide its patient or their legal guardian with information concerning its policy on Advance Directives.

The Virginia ENT Surgery Center staff will:

- Notify each patient or their legal guardian that while at the center, the "Do Not Resuscitate" portion of any Advance Directive will be suspended.
- Provide the patient with information on the patient's right to make informed decisions on his/her care and the right to refuse to have the procedure.
- Staff will document in a prominent location in the Clinical Record the presence or absence of an Advance Directive.
- If a patient presents with an Advance Directive, a copy will be made and placed in the record. In the event a transfer to an acute care facility becomes necessary, it will be sent with a copy of the patient's medical record.
- If requested, information on Virginia's Healthcare Decision Act (see attachment 1.3a) will be provided.