
8901 Golf Road
Des Plaines, Illinois 60016
(847) 299-2273

FINANCIAL POLICY

Golf Surgical Center will be charging a "facility fee", which may include but not limited to the cost of personnel, supplies, equipment, drugs and any surgical implants, prosthetics or orthotics provided during your surgery.

Your surgery will incur separate charges for the following providers and their services.

- 1. Your Surgeon's fee for his or her professional services.*
- 2. An Anesthesiologist fee, if you had general anesthesia, IV sedation or regional anesthesia, for his or her professional services.*
- 3. A pathologist fee, if tissue was sent to a lab to be analyzed, for his or her professional services.*
- 4. An Advocate Lutheran General Hospital laboratory fee for the technical component (handling fee) of the pathology services.*
- 5. A Specialty Medical fee for any Durable Medical Equipment (DME), Prosthetics and/or Orthotics provided. These could include, but not limited to, items such as crutches, walkers, splints, and/or boots.*

If you have no insurance, you are expected to pay for Golf Surgical Center's services at the time of your surgery unless arrangements were made in advance. For your convenience, our office accepts American Express, Discover, MasterCard, Visa, cash and personal checks.

In cases where we are a contracted provider of your insurance company, we will file directly with your insurance company for charges incurred at our facility. If we are not a contracted provider with your insurance company, we will file a claim on your behalf, however, we are not bound to their arbitrary determination of allowable usual, customary and reasonable charges. After your insurance processes our claim, your policy may still ask you, the subscriber, to pay a deductible, a co-insurance amount, and certain non-covered services.

This office will make reasonable attempts to collect approved benefits from your carrier. However, please remember that you are ultimately responsible for your surgical bills. Once we have heard from your carrier, you will receive a monthly statement showing the amount that is your responsibility.

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions or concerns.

GOLF SURGICAL CENTER
PATIENT RIGHTS AND RESPONSIBILITIES

I. PATIENT RIGHTS

A. Golf Surgical Center and its medical staff have adopted the following list of patient rights. This list shall include but not be limited to the patient's rights to:

1. Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will see him/her.
4. Receive as much information about the surgical procedure or treatment as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the surgeon and anesthesiologist who will carry out the procedure or treatment.
5. Participate actively in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to refuse treatment.
6. Full consideration of privacy concerning his/her surgical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
7. Confidential treatment of all communications and records pertaining to his/her care. Written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care except when required by law.
8. Reasonable responses to any reasonable requests he/she may make for service.
9. Leave the surgical center even against the advice of his/her surgeon.
10. Know in advance the time and location of his/her follow-up appointment with the surgeon.
11. Be given post-operative instruction and emergency phone numbers at time of discharge,
12. Receive a follow-up phone call from nursing the day after surgery to answer any new questions and voice any concerns he/she may have regarding his/her recovery.
13. Receive and examine an explanation of his/her bill regardless of source of payment.
14. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Receive information on advanced directives as required by state and federal laws.
16. Receive information on the credentials of health care professionals.

II. PATIENT RESPONSIBILITIES

A. The care a patient receives depends partially on the patient himself/herself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.

1. The patient must provide accurate and complete information concerning his/her present complaints, past medical history, and other matters about his/her health, any medication including over the counter products and dietary supplements and any allergies and sensitivities.
2. The patient is responsible for making it known whether he/she clearly comprehends the course of his surgical treatment and what is expected of him/her.
3. The patient is responsible for following the treatment plan established by his/her surgeon, including the instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for his/her actions should he/she refuse treatment or not following his/her physician's orders.
5. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
6. The patient is responsible for following facility policy and procedures.
7. The patient is responsible for being considerate of the rights of other patients and facility personnel.
8. The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
9. Provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your physicians.
10. Inform us about any living will, power of attorney, or directive that can affect your care.