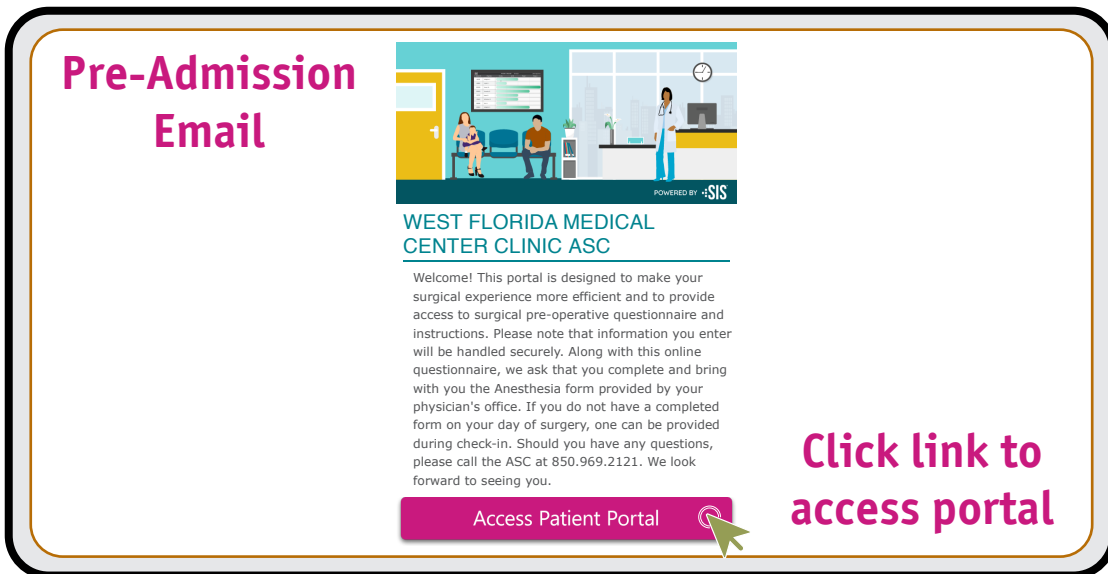


Pre-Admission Portal

Be on the lookout for an email welcoming you to our pre-admission portal. No account creation required! Complete your pre-admit questionnaire and review pre-surgical instructions online (rather than over the phone).

PLEASE COMPLETE 48 HOURS PRIOR TO YOUR SURGERY



Pre-Admission Email

WEST FLORIDA MEDICAL CENTER CLINIC ASC

Welcome! This portal is designed to make your surgical experience more efficient and to provide access to surgical pre-operative questionnaire and instructions. Please note that information you enter will be handled securely. Along with this online questionnaire, we ask that you complete and bring with you the Anesthesia form provided by your physician's office. If you do not have a completed form on your day of surgery, one can be provided during check-in. Should you have any questions, please call the ASC at 850.969.2121. We look forward to seeing you.

[Access Patient Portal](#)

Click link to access portal

Once the questionnaire has been submitted, answers cannot be changed. Surgical instructions can be accessed online at any time. Instructions for accessing your portal:

1. A link to access the portal will be sent to the email provided. If a link was not received, or your email was not provided to Medical Center Clinic, please call 850.969.2121.
2. Click Access Patient Portal at the bottom of the email.
3. Enter your first name, last name, and date of birth.
4. Complete the Pre-Admission Questionnaire and review the Pre-Admit Instructions.
5. Once both areas are complete, close the webpage.

Returning Patients: Questionnaires completed within the last 90 days do not have to be resubmitted. Any changes will be addressed when an ASC staff member calls 24 hours prior to your surgery date.

Please call 850.969.2121 should you have any questions.

Fees and Payment Plans

All fees not covered by your insurance must be paid on or before the day of the procedure. Cash or credit card (MasterCard, Visa, American Express, Discover, and Care Credit) are all acceptable payment options.

Payment plans may be negotiated before the time of service, upon request, and will be considered on a case-by-case basis. If you have a payment plan in place with recurring billing, a statement will still be generated and sent to you as a reminder and to reflect current balances and payments made.

If you have no health insurance or third-party liability, you will be eligible for a 20% self-pay discount for services paid in full at or before the time of service. Available discounts for cosmetic services are already considered for prices quoted.

Fees and Payment Plans

In accordance with Florida law, services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility.

Once insurance processing is complete, you will receive a minimum of three statements:

1. From West Florida Medical Center Clinic Ambulatory Surgery Center (ASC) for the facility fees
2. From the physician who performed your procedure and
3. From the anesthesia provider(s) who provided anesthesia services (if applicable)

Lab, pathology, and implant charges, if applicable, are not included in any estimate we provide to you.

You may pay less for this procedure or service at another facility or in another health care setting; however, there is no guarantee your provider is on staff at these other facilities.

To find and learn about Florida health care facilities and providers in your area, visit www.floridahealthfinder.gov.

Estimate of Charges

Patients and prospective patients may request from this facility and other health care providers a personalized estimate of charges and other information. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.

You will be contacted prior to your procedure to advise you of your estimated costs due at the time of service. Every attempt will be made to estimate your portion (the portion of charges your insurance will not cover or deems patient responsibility) as closely as possible. This verification will include MCC physician's surgical fees, facility fees, and any applicable anesthesia fees. You will be given a copy of our estimate on the day of your procedure.

The deposit calculation sheet given on the day of your procedure is strictly an estimated figure. Please be aware that there are many variables which could result in charges being more or less than estimated. The estimated balance is based on your insurance benefits when verified and may vary when insurance is billed.

Amounts collected at the time of service are strictly an estimate, and insurance must process before final patient responsible amounts can be determined.

In the event of any overpayment or credit on your account, signing the deposit calculation authorizes the transfer of the overpayment to any outstanding debt at the Ambulatory Surgery Center and/or Medical Center Clinic.

Advanced Directive Policy

It is the policy of the Ambulatory Surgery Center to make every effort to revive a patient should the need arise. Please advise the staff during your Pre-Admission process of any concerns you may have, or Advance Directives that you have on file.

Should an Advance Directive include DNR (Do Not Resuscitate), the DNR will be temporarily suspended for the purposes of care in the ASC. The patient will be transferred to an acute care hospital and the DNR may be resumed following discharge from the ASC.

Notice Regarding Missed Appointments

In order to be respectful of the surgical needs of patients and practitioners of the Ambulatory Surgery Center, please call 850.969.2122 promptly if you are unable to attend the appointment that has been scheduled for your procedure.

It is necessary that you contact your physician's office to cancel your procedure.

Please be advised, the Ambulatory Surgery Center enforces the "Missed Appointment" policy applicable to scheduled medical procedures. A missed procedure appointment creates an inconvenience to those individuals who need access to the surgery center in a timely matter.

Failure to attend or cancel the scheduled procedure at least 24 hours in advance will result in a \$100.00 "cancellation fee".

Insurance companies allow the fees as an acceptable policy, but it is the patient's total financial responsibility. Insurance companies DO NOT cover the fee. This policy enables the Ambulatory Surgery Center to utilize available procedure appointments for our patients in need. We sincerely appreciate your cooperation and understanding.

IMPORTANT – Driver required if you are being sedated

If you are being sedated, please make arrangements to have a responsible adult stay with you the entire time you are at the Ambulatory Surgery Center. A responsible adult must be present at the time of check-in, remain on campus during surgery, be available to receive discharge instructions, and drive you home.

You cannot drive yourself or be left alone if you are being sedated. Failure to bring a responsible adult driver that can stay the entire length of your procedure will result in the procedure being rescheduled.

Physician Financial Interests

The physicians of Medical Center Clinic have a financial interest in the Ambulatory Surgery Center. They hold shares of the ownership and may use the ASC to advance their individual financial investments.

Visit Our Website

This packet and additional information is available at our website MCCSurgeryCenter.com.

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES



Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows.

PATIENT RIGHTS: A patient has the right to:

Be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A prompt and reasonable response to questions and requests. Know who is providing medical services and who is responsible for his or her care.

Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

Know what rules and regulations apply to his or her conduct. Be given, by the health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

Refuse any treatment, except as otherwise provided by law. Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

Has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate (only applies to patients who are eligible for Medicare).

Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

The right to change providers if other qualified providers are available.

PATIENT RESPONSIBILITIES:

Providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, including over-the-counter products and dietary supplements, allergies, or sensitivities and other matters relating to his or her health.

Reporting unexpected changes in his or her condition to the health care provider.

Reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

Following the treatment plan recommended by the health care provider.

Keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

His or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

Following health care facility rules and regulations affecting patient care and conduct.

Ensuring a Responsible Adult is with you from the time of admission through 24 hours after surgery.

For any complaints or grievances, please first contact the Ambulatory Surgery Center Administrator at (850) 474-8147.

You may also contact:
Agency for Health Care Administration
Consumer Assistant Unit
2727 Mahan Drive/Bldg. #1
Tallahassee, FL 32308
(888) 419-3456
<http://apps.ahca.myflorida.com/hcfc>;

For ASC Medicare beneficiaries, contact the Medicare Ombudsman at (800) MEDICAR or 633-4227
www.medicare.gov/navigation/help-and-support/ombudsman.aspx