

RANCHO BERNARDO SURGERY CENTER

an affiliate of **SCA**

Dear Patient:

Welcome to Rancho Bernardo Surgery Center. In order to facilitate your admission to our center, please take the time to review the information in this packet and sign/date the ASC Conditions of Coverage Patient Attestation form. **You will need to bring this form with you when you come to the center on the day of your procedure. You will be required to have a government issued photo I.D. and a copy of your insurance cards.**

Prior to your procedure you will be contacted by a representative from our Business Office to discuss your insurance coverage and financial responsibilities to Rancho Bernardo Surgery Center. During this conversation we will discuss co-pays, deductibles and co-insurance. **Advance payment for co-pays or deductibles based on your conversation with our financial counselor will be expected during your check-in at the front desk on the day of your procedure.** Please do not hesitate to ask for clarification on any of these matters during this telephone call. You will receive a separate bill from your doctor, anesthesiologist if one is needed for your procedure and possibly a laboratory bill if tissue or blood is sent for evaluation.

A few days before your procedure you will receive call from our nursing department to discuss pre-procedure preparation, answer any questions you may have regarding your procedure and discuss post procedure planning. During this call, we will verify your appointment time and arrival time to the facility. **It is important that a responsible adult drive you to and from the facility for your procedure and that you have someone available to stay with you for the first 24 hours.** After your procedure your will be given detailed written instructions regarding your care at home.

We ask that you do not bring any jewelry or other valuables to the center.

Our goal is to provide quality care in a safe, friendly environment. Please ask questions about your care, medications that you are given, your procedure or any concerns that you might have during your stay at our center.

In closing, we appreciate the trust you have placed in the team at Rancho Bernardo Surgery Center. We want your visit to be as pleasant as possible under the circumstances and welcome any comments and suggestions you may have. You will be given a Patient Satisfaction Survey when you are discharged and we ask that you complete the survey and mail it back to the center. Your honest appraisal of the center will help us identify areas for improvement. If we have failed to meet your expectations, please call our administrator, Joy Kurosaka, at 858-485-1111.

The Rancho Bernardo Surgery Center Team