

Surgery Information Packet

Providence Surgery Center
902 North Orange Street
Missoula, MT 59802
www.providencesurgery.com
406-327-3300
406-327-3300 (Billing and Insurance)



Welcome to Providence Surgery Center. We would like to thank you for choosing this facility for your health care needs. Providence Surgery Center takes great pride in providing high quality health care for our patients.

Your physician has scheduled your upcoming surgical procedure to be performed at Providence Surgery Center. This facility is owned and operated by Providence Surgery Center, LLC, which is a limited liability company owned by local health care providers, one of whom may be your physician or physician's employer. The purpose of this notice is to advise you of this financial relationship and of your right to choose an alternative location for your procedure. If desired, please contact your surgeon or medical specialist to obtain a list of alternative surgical sites where he or she may have privileges to practice. This notice is being provided pursuant to federal laws and regulations relating to physician investments in out-patient surgery centers. The owners of our organization are listed below.

Providence Saint Patrick Hospital
Missoula Anesthesiology
Susan Tiede, DDS
O. Glenn Heyman, DO
Christopher T. Caldwell, DO
Daniel Whiting, MD

If you have any questions, please ask your physician or you may call Providence Surgery Center at 406-327-3300.

We look forward to meeting you.



902 North Orange St. Missoula, MT 59802 Phone (406) 327-3300 Fax (406) 327-3302

Before Surgery:

- A nurse will call you the day before surgery to review your medical history and surgical instructions as well as answer any questions you may have prior to the surgery day. Lab work and or an EKG may be required for surgery.
- **You will need to have a responsible adult to be discharged to. It is recommended that you have someone to stay with you for 24 hours.**
- **IMPORTANT:** Do not EAT or DRINK anything after MIDNIGHT the night before your surgery, unless otherwise instructed by a Providence Surgery Center nurse. This includes chewing tobacco, water, coffee, gum and hard candy. Your procedure will be cancelled if these instructions are not followed.
- If you take medications for weight loss or diabetes that are categorized as GLP-1 Agonists, please let the physician's office know. You will have specific instructions on stopping these medications prior to surgery. Common GLP-1 Agonists include:
 - Dulaglutide (Trulicity)
 - Exenatide (Bydureon bcise) (Byetta)
 - Semaglutide (Ozempic) (Rybelsus)
 - Liraglutide (Victoza, Saxenda)
 - Lixisenatide (Adlyxin)
 - Wegovy
 - Mounjaro
 - Zepbound

- Please arrive one hour before your surgery time unless instructed otherwise.
- Bring casual, loose clothing to wear home. Many people find jogging clothes and slip-on shoes are most comfortable.
- Please do not wear makeup, perfume, cologne or fingernail polish.
- Discuss with your physician your advanced directive if you have one.
- Please call your surgeon immediately if you become ill or are otherwise unable to keep your appointment.

Day of Surgery:

- Bathe or shower the morning of your surgery to minimize the chance of infection.
- Take medications as instructed. You may take all morning medications with a small sip of water, unless it lowers your blood sugar or thins your blood.
- Leave valuables and all jewelry at home.
- Bring current insurance cards and a photo ID.
- Bring Co-pay, Co-insurance and or Deductible as applicable.
- Bring Advanced Directives or Living Will with you.
- An IV will be placed so medications can be given before, during and after surgery.
- The anesthesiologist will discuss your health history, anesthesia options and risks.

After Surgery:

- You will be taken to the recovery room after your surgery, where you will be monitored and, when awake, offered something to drink and eat. Family will be allowed to visit when the nurse has finished transitioning you from surgery. Recovery time will vary with individuals. Due to space limitations, we ask that you bring no more than two family members/friends with you on your day of surgery.
- The nurse will review specific instructions given by your physician with you and the responsible adult who is to accompany you home, you will then be escorted to the car.

At Home:

- The anesthesia will make you groggy and cause impaired judgment, therefore, do not drive, operate hazardous machinery, make any important decisions, or sign legal papers for at least 24 hours.
- Do not drink alcohol for 24 hours and/or while taking pain medications
- Take pain medicine as directed.
- Eat light foods for the first few hours after surgery, then increase your diet as tolerated.
- Drink as much fluid as you can tolerate, 8 glasses/day is a good goal.
- A small amount of blood on your dressing may be expected. If it becomes soaked, place additional dressings over the one already there and call your doctor.
- Call your physician for a fever over 101, increased swelling, redness, or drainage or any other concerns. The number to call is listed on your discharge instructions.



PROVIDENCE SURGERY CENTER
Missoula, Montana 59802

PATIENT FINANCIAL AGREEMENT

Providence Surgery Center, LLC is a separate business entity from Providence St. Patrick Hospital or its outpatient department. Providence Surgery Center may have different business practices.

If you have any questions, please ask. It is the patient's responsibility to verify and obtain pre-authorization for the physician and for this facility prior to performance of procedures. Failure to do so may result in an increase in patient financial responsibility.

Patient consents to the procedure(s) that may be performed in connection with outpatient surgery and that may include, but not be limited to, routine diagnostic procedures, transportation to an emergency room, and general instructions of the patient's physician and/or surgeon.

FINANCIAL AGREEMENT

Patient and/or person(s) legally and financially responsible for patient's medical bills, in consideration of the services to be rendered, agree to pay patient's account regardless of the existence of insurance or other third party liability. Providence Surgery Center is free to declare the entire balance to be immediately due and payable if the undersigned fails to make any scheduled payment when due.

The undersigned further agrees to pay all costs of collection if the account is not timely paid.

RELEASE OF INFORMATION

Patient acknowledges that protected health information may be disclosed without patient authorization for purposes of obtaining payment for services rendered pursuant to HIPAA. The information may be disclosed to insurance company(s), all attending/consulting physicians, surgeons, anesthesiologist, and radiologists. Providence Surgery Center will not disclose more than the minimum amount of protected health information necessary in order to secure payment.

Each provider of medical services maintains separate billing and collection practices. Your physician and/or surgeon are not employees or agents of Providence Surgery Center.

ASSIGNMENT OF BENEFITS

Patient hereby authorizes his/her health insurance company(s) to make payment directly to Providence Surgery Center. This authorization extends to all attending/consulting physicians, surgeons, anesthesiologists, and radiologists.

INSURANCE DISCLAIMER

If covered by an insurance policy that requires preauthorization prior to service, it is your responsibility to obtain preauthorization from your health insurance company. You understand that you may be liable for any charges incurred should your health insurance company deny payment for services rendered.

It is your responsibility to contact **your** insurance company(s) to verify:

- Coverage
- Benefits
- Deductibles, coinsurance and copays
- If the facility and provider are in network or out of network – Benefits will vary accordingly
- If the procedure(s) require prior authorization.

Please call the phone number listed on your insurance card(s) to get the above information.

INITIAL DISCLOSURE STATEMENT

Your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to verify coverage and obtain pre-authorization from their insurance company for the physician and for the facility prior to services being rendered. We will file your insurance claim if you assign benefits to this facility as indicated on the reverse page. If we do not receive payment from your insurance company within a reasonable amount of time, not to exceed 60 days from the date of submission of the claim, we will look to you for payment. If we receive payment from your insurance company after you have paid, we will refund any overpayment due to you.

The Billing Department will submit all insurance claims, including those claims required by secondary insurances. The patient agrees to verify and provide accurate billing information during the admission process on the day of their surgery. Providence Surgery Center will bill a patient's workers' compensation carrier if the necessary accident information is provided prior to the procedure (i.e. workers' compensation insurer, date of injury, employer, etc.). If claims for workers' compensation, automobile accidents or other accident claims are disputed by the insurer, we can hold the balance for 60 days from date of original submission. After that time, the patient is responsible for full payment.

A notice will be sent to the patient after the Billing Department has received the insurance payment. The notice will show any remaining balance due from the patient. Providence Surgery Center offers a no-interest option for payment through Care Credit in addition to accepting Visa, MasterCard, Discover Card, American Express, personal checks, cash, debit card, money order and cashier's check. Account balances not paid within any 120 days and budget account balances that fail to have payments made for 60 days or not completely paid within 180 days will be provided with a warning notice and, if not remedied in the time provided for in the warning notice, will be forwarded to a collection agency or company.

YOUR BILLING RIGHTS-KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act. **NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL.**

In order to preserve your rights under the Act, please provide the following information if you believe there has been a billing error, or if you need more information about an item on your bill:

1. Do not write on the bill. In a separate document, please provide the following information:
 - (a) Your name, address and account number;
 - (b) An explanation as to why you believe the statement contains a billing error, and the amount of such error. If you only need more information, explain the item you are unsure about; and
 - (c) Reasons for your belief that the statement contains a billing error.

Send your billing error notice to Providence Surgery Center, 902 N. Orange St., Missoula, Montana 59802 within sixty (60) days from the date the bill was mailed to you. You may telephone your inquiry, but doing so will not preserve your rights under the Act nor obligate us to follow the outlined procedures.

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR NOTICE

We must acknowledge all letters pointing out possible errors in writing within 30 days of receipt unless we are able to correct your bill within 30 days. Within 90 days after receiving your letter, we must either correct the error or send a written explanation or clarification setting forth our reasons for believing the bill to be accurate. Once we have corrected the error, or explained the statement's accuracy, we have no further obligation to you even though you still believe there is an error unless you notify us in writing that the amount is still in dispute.

After we have been notified in writing, neither we nor an attorney or collection agency may send you collection letters or take other collection action with respect to the amount in dispute, but periodic statements may be sent to you. You cannot be threatened with damage to your credit rating or

sued for the amount in dispute, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.

If you notify us in writing within 10 days after you receive our explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and may pursue regular collection procedures, but we must also report that the amount is in dispute and inform you as to whom such reports were made. Once the matter has been settled, we must notify those to whom we reported you as delinquent of the subsequent resolution.

If we do not follow these rules, we are not allowed to collect the first \$50.00 of the disputed amount, even if the bill turns out to be correct.



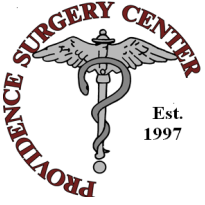
PATIENT'S RIGHTS & RESPONSIBILITIES

- The PATIENT has the right to be treated with consideration, respect, and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE have the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person on the patient's behalf.
- The PATIENT has the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential, and given the opportunity to approve or refuse their release unless it would cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from Providence Surgery Center.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from Providence Surgery Center.
- The PATIENT has the right to examine and receive an explanation of their bill, regardless of the source of payment.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- The PATIENT has the right to know what Providence Surgery Center Rules and Regulations apply to his/her conduct as a patient.

PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read consents and/or forms to be signed; either ask staff or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- It is the PATIENT'S responsibility to provide a copy if you have a living will, medical power of attorney or other directive you would like placed in your chart.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her provider and follow up appointments.
- The PATIENT is responsible for their actions if they refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions related to their care.
- It is the PATIENT'S responsibility to arrange adult transportation from Providence Surgery Center and remain with you for 24 hours.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- It is the PATIENT'S responsibility to notify the administration of Providence Surgery Center, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.

PATIENTS and/or PATIENT REPRESENTATIVES should contact the Office of the Medicare Beneficiary Ombudsman. <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or the Montana Department of Health and Human Services, Certification Bureau at www.dphhs.mt.gov/qadcomplaintprocedure or call (406) 444-2099; address Quality Assurance Division 2401 Colonial Drive PO Box 202953 Helena, MT 59620-2953 if they have a concern or complaint.



902 North Orange St. Missoula, MT 59802 Phone (406) 327-3300 Fax (406) 327-3302

♥ Parents of Pediatric Patients

It is our policy that parents of children under the age of 18 must stay in our waiting area at all times.

You will be reunited with your child as soon as possible.

It is also important to devote your attention to the child having surgery. If you bring other children with you, we ask that you have another adult to supervise these children to allow you to focus on the child that had surgery.

If you are not the parent but a legal guardian, you **must** provide Providence Surgery Center with a copy of the guardianship documentation.

Montana law states that a child under 6 years of age and or under 60 pounds must be restrained in a seat belt. It is the responsibility of the parent to provide safe transportation to and from the facility.

Children may bring an item of comfort such as a blanket or toy from home.

A nurse will be calling the day prior to the surgery date to discuss NPO status and other preoperative information.

Please call your physician immediately if your child becomes ill. If you are unable to contact your physician, you may call 406-327-3300.

Parent identification and child's insurance information are required.

PEDIATRIC BILL OF RIGHTS

In addition to the rights of adult patients, all kids have a right to cry, laugh, or be made comfortable if it helps them feel better. They also have a right to:

- Ask to have a parent or another adult stay with them during their examination.
- Tell their caregiver when and where something hurts. Ask for something to ease their pain.
- Ask questions if they don't understand a medical procedure or what's happening to them.
- Have as much control as possible, over both self and situation. Such as choosing which ear should be looked at first, or which arm to have a shot in.
- Listen to music, play a game, or read a book to help distract them during medical procedures.
- Have parents or guardians remain in the waiting area.
- Have an adult with them when they ask except when the presence of another person would or may impact their care and cause a negative outcome.
- To have a schedule for their test and procedures that doesn't keep them hungry or thirsty any longer than necessary.

And always..... To be called by their name.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Patient Health Information: Under federal law, your patient health information is protected and confidential. This information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information includes payment, billing, and insurance information.

How We Use Your Health Information: We use your health information about you for treatment, to obtain payment, and for healthcare operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information without your permission.

Examples of Care, Payment, and Healthcare Operations: Treatment – We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other healthcare providers who are helping in your treatment, to pharmacists filling your prescriptions, and to family members helping with your care. **Payment** – We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. **Health Care Operations** – We will use and disclose your health information to conduct our standard internal operations, including the administration of records, the evaluation of the quality of treatment, and the assessment of outcomes.

Special Use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted disclosure for the following purposes: **Required by Law** – We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar effects. **Research** – We may use or disclose information for approved medical research. **Public Health Activities** – As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. **Health Oversight** – We may disclose information to assist in investigation audits and eligibility for government programs. **Judicial Proceedings** – We will disclose information in response to subpoena or court order. **Law Enforcement Purposes** – We may disclose information subject to certain restrictions. **Workers' Compensation** – We may release information about your workers' compensation or other programs providing benefits for work-related injuries or illness. **Military or Special Government Functions** – If a member of the armed forces, we will release information as military or correctional facilities command, or for national security. **Death** – We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation programs. **Serious Threat to Health and Safety** – We may share information when needed to prevent a serious threat to your health, safety, and/or to the public.

Individual Rights: You have the following rights with your health information. **Request Restrictions** – You may request restrictions on some uses of this information, although we are not required to agree with this request. **Confidential Communications** – You may request that we communicate with only you. You may request a special address or phone number. **Inspect and Obtain Copies** – In most cases you have the right to look and receive a copy of your information. **Amend Information** – If you believe there are errors in your information, or information is missing, you may request that it be modified. **Accounting of Disclosure** – You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations.

Our Legal Requirement: We are required to provide you with this notice, to protect your information, and to abide by the terms of this notice.

Changes in Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice and/or changes at any time. You may contact the Administrator at (406) 327-3301 to answer any questions.

Complaints: If you have a complaint that may reveal that we violated this privacy statement, or do not agree with a decision we made regarding your information, please contact the Administrator at (406) 327-3301. You may also contact the US Department of Health and Human Services. The Administrator will provide you with the correct address upon request. You will not be penalized for filing a complaint.

This notice takes effect May 10, 2017 (though there are no material changes from the previous Notice) and remains in effect until we replace it.



DISCRIMINATION IS AGAINST THE LAW

Providence Surgery Center (“PSC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Nor does Providence Surgery Center exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PSC provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters;
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

PSC provides free language services to people whose primary language is not English, such as information written in other languages. If you need these services, contact PSC’s Compliance Officer.

If you believe that PSC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- PSC’s Compliance Officer: Shelley Longgood, Administrator
- Mailing Address: 902 North Orange St, Missoula, MT 59802
- Telephone Number: (406) 327-3300
- Fax: (406) 327-3302
- Email: slonggood@providencesurgery.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PSC’s Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-406-327-3300</p>	<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-406-327-3300</p>
<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-406-327-3300</p>	<p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-406-327-3300まで、お電話にてご連絡ください。</p>
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-406-327-3300</p>	<p>ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-406-327-3300</p>
<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-406-327-3300</p>	<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-406-327-3300 번으로 전화해 주십시오.</p>
<p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل هاتف الصم والبكم 3300-327-406-1</p>	<p>เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-406-327-3300</p>
<p>MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-406-327-3300</p>	<p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-406-327-3300</p>
<p>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (телетайп: 1-406-327-3300</p>	<p>Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-406-327-3300</p>
<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-406-327-3300</p>	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-406-327-3300</p>

ADVANCED DIRECTIVE

All Patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the Patient's expressed wishes when the Patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform “high risk” procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

It is our policy that if you have an advance directive, living will or health care power of attorney; we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney and hospital policy.

At Providence Surgery Center you will be asked about your Advance Directive when you register for your procedure. If you bring a copy of your Advanced Directive, it will be placed in your medical record.

If you would like more information regarding Advance Directives you may contact **Montana's End-of-Life Registry Department of Justice, Helena, Montana: phone 1-866-675-3314 or online at www.endoflife.mt.gov**; the American Association of Retired Persons (AARP) at 1-800-441-2277; or your attorney.

GRIEVANCE PROCEDURE

Submission and Investigation of Grievances

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of Providence Surgery Center's decision.

The following are the names and/or agencies you may contact:

Providence Surgery Center
902 North Orange Street
Missoula, MT 59802

You may contact your state representative to report a complaint:

Montana State Auditor's Office
840 Helena Avenue
Helena, MT 59601
(406) 444-2040
1-800-332-6148 (MT)

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Web site: www.cms.hhs.gov/center/ombudsman.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)