

Omaha Surgical Center Patient Registration Form

Complete the fields on this form and click on the **E-mail to OSC** button below to send your form to Omaha Surgical Center. To discuss financial arrangements, call Debbie at Omaha Surgical Center (402) 391-3333.

Date Of Surgery _____ Surgeon _____

Patient Name _____
Last First Middle

Date of Birth _____ Male Female SSN # _____

Mailing Address _____

Physical Address _____

City _____ State _____ ZIP Code _____

Telephone: Home _____ Work _____ Cell _____

E-mail _____

Relationship to patient? Self Mother Father Son Daughter
 Grandparents Foster Parents Other _____

Name of Responsible Person _____ Phone _____

Do you have Medical Insurance? Yes No

Primary Insurance Coverage

Name of Insurance _____ Policy/ID Number _____

Policy Holder _____ Policy Holder Date of Birth _____

Employer of Policy Holder _____

Claim Address _____

City _____ State _____ ZIP Code _____

Secondary Insurance Coverage

Name of Insurance _____

Policy/ID Number _____

Policy Holder _____

Policy Holder Date of Birth _____

Employer of Policy Holder _____

Claim Address _____

City _____ State _____ ZIP Code _____

E-mail to OSC

Omaha Surgical Center

Information about Patient Bill of Rights,

Advanced Directives and Physician Financial Interest

Patient Bill of Rights and Responsibilities

We want to encourage you to communicate openly with your health care team, participate in your treatment choices and promote your own safety by being well informed and actively involved in your care. We want you to know your rights as well as your responsibilities during your visit.

Your Rights

- You have the right to receive considerate, respectful and compassionate care regardless of your age, gender, race, national origin, religion, payer, sexual orientation or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect or harassment.
- You have the right to be called by your proper name and to be told the names of the doctors, nurses and other health care team members involved in your care.
- You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and expected outcome of treatment, including unanticipated outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's right to the extent allowed by state law.
- You have the right to have your pain assessed and to be involved in decisions about managing your pain.
- You can expect full consideration of your privacy and confidentiality in care discussions, examinations and treatments.
- You have the right to access protective and advocacy services in cases of abuse or neglect. The Omaha Surgical Center will provide a list of protective and advocacy resources.
- You, and others with your permission, have the right to participate in decisions about your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the Omaha Surgical Center against the advice of your doctor, the Omaha Surgical Center and doctors will not be responsible for any medical consequences that may occur.
- You have the right to sign language or language interpreter services.
- You have the right to be involved in your discharge plan. You can expect to receive information about follow-up care.
- You have the right to receive information about your facility charges.
- You can expect that all communications and records about your care are confidential, unless disclosure is allowed by law.

Advance Directive Policy

To comply with state law, during the registration process, you will be asked if you have an advance directive. Please bring a copy if you have one. If you do not have an advance directive and would like further information please call us at 402-391-3333. Upon request we will mail information regarding advance directives or will have it available to you at registration. Our facility has the policy to not honor advanced directives. This policy maintains that in the event of a life threatening emergency, the Omaha Surgical Center will perform emergency procedures as necessary to stabilize the patient and transfer the patient to an acute care facility.

Your Responsibilities

- You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, and relationship to patient when it is required.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matters that pertain to your health, including perceived safety risks.
- You are expected to ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan.
- You are expected to actively participate in your pain management plan and to keep you doctors and nurses informed of the effectiveness of your treatment.
- Please leave valuables at home and only bring necessary items for your visit.
- You are expected to treat all staff, other patients and visitors with courtesy and respect; abide by all rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- You are expected to keep appointments, be on time for appointments, or to call your health care provider if you cannot keep your appointments.

If you have a problem or complaint, you may talk with your doctor, nurse manager or office manager without discrimination:

Omaha Surgical Center, 8051 West Center Road, Omaha, NE 68124, 402-391-3333

If your complaint is not resolved to your satisfaction, you have the right to request a review by the following organizations:

- Nebraska Dept of Health & Human Services: Michael Grutsch, PA-C, DHHS Division of Public Health Investigations, 1033 "O" Street, Suite 500, Lincoln, NE, 68508, 402-471-0175 or at www.dhhs.ne.gov/Pages/reg_invest-p.aspx
- Ombudsman's Office: State Capitol, Room 807, P.O. Box 94604, Lincoln, NE 68509-4604, 402-471-2035, toll free 800-742-7690 ombud@leg.ne.gov
- CMS (Centers for Medicare & Medicaid Services): Region VII, 601 E. 12th St., Suite 235, Kansas City, MO 64106. Attn: Quality of Care Complaints ROKCMCH@cms.hhs.gov
- CMS/Ombudsman: Attn: Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244-1850, toll free 800-633-4227 or 877-486-2048 www.medicare.gov/center/ombudsman.asp

El Centro Quirirgico de Omaha

La informacion sobre la Declaracion de los Derechos del Paciente

Las Directivas Avanzadas y El Interes Financiero del Medico

Usted tiene el derecho de:

- Recibir cuidado considerado, respetuoso y compasivo, a pesar de su edad, el genero, el origen nacional, la religion, el pagador, la orientaci3n o las incapacidades sexuales.
- Recibir cuidado en un ambiente seguro, libre de todas formas de abuso, el descuido o el acoso.
- Llamarse por su nombre propio y ser dicho de los nombres de los medicos, las enfermeras y Otros miembros del equipo de asistencia medica implicados en su cuidado.
- Ser dicho por su medico acerca de su diagnostico y pronostico posible, los beneficios y los riesgos de tratamiento y de resultado esperado de tratamiento, incluyendo los resultados imprevistos. Usted tiene el derecho de dar el consentimiento informado escrito antes de que empiece cualquier procedimiento de no-emergencia.
- Tener su dolor valorado y participar en las decisiones acerca de manejar su dolor.
- Esperar consideraci3n total de su intimidad y la confidencialidad en las discusiones de cuidado, los exámenes y los tratamientos.
- Tener acceso a los servicios protectores y a los servicios de apoyo en caso de abuso o descuido. El Centro de Quirirgico de Omaha proporcionara una lista de servicios protectores y recursos de apoyo.
- Tomar parte en las decisiones acerca de su cuidado, el tratamiento y los servicios proporcionados, incluyendo el derecho de negarse tratamiento hasta el punto permitido por la ley o designan oos para participar. Si usted deja el Centro Quirirgico de Omaha contra el consejo de su medico, el Centro Quirirgico de Omaha y los doctores no seran responsables de ninguna consecuencia medica que usted puede ocurrir.
- Tener un interprete de lenguaje por sefias o el servicio de interprete.
- Participar en su plan de descarga. Usted puede esperar recibir informaci3n sobre su cuidado de seguimiento.
- Recibir informaci3n sobre sus gastos de comunidad.
- Esperar que todas las comunicaciones y los registros acerca de su cuidado son confidenciales, a menos que la revelacion sea permitida por la ley.

Directivas avanzadas

- El estado de Nebraska no requiere directivas avanzadas completadas para el cuidado en un centro ambulatorio de la cirugia. Si usted querria tener informaci3n con respeto a este tema, por favor visita el sitio web del Servicio de Salud y Humana de NE en <http://www.dhhs.ne.gov/lags/agselderright.htm>.

El Interes Financiero del Medico

- El Centro Quirirgico de Omaha es una facilidad poseida por un grupo de medicos.