

Welcome! We look forward to taking care of you for your upcoming procedure. You will be receiving texts and emails with important information related to your procedure. Our goal is to provide you the most excellent care possible. Thank you for choosing Texas Health Orthopedic Surgery Center.

Advance Directives

It is the policy of this facility that if an adverse event occurs during your stay, based on reasons of conscience, all reasonable efforts will be taken to revive you, including resuscitative or other stabilizing measures.

Permit for Treatment

Each patient of the surgery center is admitted under the care of his/her attending practitioner. Practitioners of the Medical Staff are not employees of the Surgery Center. The undersigned consents to admission to the Surgery Center by his/her attending practitioner as a member of the Medical Professional Staff and for any consultant, assistant, or designee whom he may call to his aid for ordinary treatment. Permission is given for any and all services rendered by the Surgery Center and to authorize the use and disposal of any tissue or specimen removed during surgery in any customary manner, or as be directed by the attending physician.

My scheduled procedure has been explained to me by my surgeon and I am aware of the risks, benefits, and alternatives involved.

I authorize my surgeon or his/her designee to make photographs or video recordings of my surgical procedure to be used only for the purpose of medical records.

If an employee sustains a puncture wound by a needle or other similar device previously used on me, I consent to have my blood tested for AIDS and/or hepatitis. There will be no charge to me for these tests.

I understand that if I am less than 2 weeks pregnant the pregnancy test may be negative.

Arrangements have been made to have an adult drive me home and remain with me through the duration of my visit.

I understand that I should not operate any motor vehicle until 24 hours after my surgery.

Do NOT bring any valuables to the Surgery Center. The facility will NOT be responsible for any losses. (except your form of payment and Insurance and photo ID)

Complaints should be directed to The Texas Department of State Health Services or through The Joint Commission. If you are unable to settle your complaint directly with the TEXAS HEALTH ORTHOPEDIC SURGERY CENTER FLOWER MOUND. Complaints may be directed to the address provided on your patient rights and responsibilities.

Ownership Disclosure

Texas Health Orthopedic Surgery Center is proud to have physician investors. This involvement ensures the highest quality of surgical care for our patients and enables our physicians to have a voice in the administration of policies. The following have financial interest:

*Dr. Jeff Cantrell
Dr. Kent Dickson
Dr. David Evanich*

*Dr. Brady Giesler
Dr. James Heerwagen
Dr. John McElroy*

*Dr. Aaron Schrayner
Dr. Manuj Singhal*

*Dr. Ian Wilkofsky
Dr. Michael Willenborg*

Facility Services

You will be contacted regarding your amount due for your upcoming surgery by our facilities insurance verifier. They will provide you with a custom estimate based on your benefits and the procedure that you are scheduled for. Payment in full is expected at the time of service unless other financial arrangements have been made prior to

Texas Health Orthopedic Surgery Center Flower Mound will review your insurance to make sure we are a participating provider prior to your scheduled visit.

FOR QUESTIONS REGARDING THE SURGERY CENTER FEE/BILLING PLEASE CALL OUR BUSINESS OFFICE AT 469-240-8540 AND ASK FOR THE INSURANCE DEPARTMENT.

Professional/Ancillary Services

Individuals providing Professional or Ancillary Services generally DO NOT work for THOSC Flower Mound. Examples include: **Physician Fees, Anesthesiologists, Laboratory Services, Pathologist, Radiologists. Charges for these services are billed separately from THOSC.** As a result of the separate billing practices, we cannot ensure Professional / Ancillary services are contracted with your insurance company's "provider network." If an out of network professional provides services, it is possible that you will be responsible for those expenses. Please reach out to the providers directly regarding your network status. For questions regarding these services, please refer to the following billing office numbers.

Physician fee:

Orthopedic Associates: 972-420-1776

Anesthesia fee:

US Anesthesia Partners: 972-715-5080

or

K&R Medical Billing Services: 972-668-7460

Donald Camillo, CRNA and Dr. Pankaj Thapar

Labs:

Lab Corp: 888-522-2677

Pathology:

MD Pathology: 972-981-3107