



**AMBULATORY  
SURGICAL CENTER** | Stevens  
Point



# PATIENT INFORMATION

This booklet contains important information  
regarding your surgery.

## **CONTACT**

P: 715-345-0500

F: 715-345-0400

## **ADDRESS**

500 Vincent Street, Suite A

Stevens Point, WI 54481

Learn more at: **ASCStevensPoint.com**

## Online Registration

The surgical center maintains patient records which are separate from your surgeon's office. This means health history, medications, allergies and demographic information does not automatically flow to the surgical center. As a result, we need you to provide similar information to assure we have the most accurate data on file to facilitate a safe surgical experience.

To initiate your pre-surgical screening and registration, promptly enter your information in our online portal. To do this, access the ASC website: **[www.ASCStevensPoint.com](http://www.ASCStevensPoint.com)**.

- Select "Online Registration" (top right)
- Select "Patient's Start Here"
- Password: **ASC500NEW**

Allow approximately 20-30 minutes to complete the online registration. We recommend having a list of your medications, allergies, and past surgeries available to streamline the process. If you do not have access to a computer, tablet, or mobile device, contact the surgical center at 715-345-0500 for assistance.

## Patient Communication

When your surgery is scheduled, you will receive a text message from our center with the option to opt out and stop receiving text messages. If you opt out you will be contacted via phone instead.

If you do not opt out, we will continue using texting as our primary method of communication before and following your surgical visit.

## Get an Out-Of-Pocket Estimate

As a unique benefit to our patients, you can receive an out-of-pocket cost estimate prior to surgery. We recommend completing this process so you can be fully aware of your costs as well as payment expectations prior to surgery. You can obtain this in one of two ways:

1. Contact us at 715-345-0500 prior to your procedure. Please allow us 2 business days to process your request.
2. Access the ASC website: **[www.ASCStevensPoint.com](http://www.ASCStevensPoint.com)**.
  - a. Select "Get an Estimate" (top right)
  - b. Select "Accept And Continue"

## Before Surgery

- Work with your surgeon's office to schedule a physical examination 7-10 days prior to your surgery.
- Assure you have someone to drive you home after your surgery.
- Know we require you to make arrangements for a responsible adult to stay with you for 24 hours after surgery unless you don't receive any anesthesia.
- Do not shave near the surgical site. Shaving with a razor can irritate your skin making you prone to a surgical site infection.
- If you have a fever, cough, cold, sore throat, or any symptoms of illness within 2 days of your scheduled surgery, please call your surgeon's office.
- If you have an open wound or sunburn near your operative area, contact your surgeon prior to the day of your procedure. Failure to do so may result in having your surgery postponed until the wound is healed.
- You will be contacted prior to surgery if you have a co-pay or deposit which needs to be paid at the time of check in.

## The Day Before Surgery

- You will be notified by the surgical center with your time of arrival for surgery the day before your surgery.
- Confirm your transportation home from surgery.
- Avoid tobacco products, non-prescription medications, and illegal drugs.
- Follow your physician's instructions regarding medication usage.
- Do not eat anything after midnight; clear liquids may be consumed up to 2 hours before your time of arrival for surgery **UNLESS** you have been instructed differently by the surgical center nurse. **Failure to follow this instruction may result in a delay, or cancellation of your procedure.**
  - **Clear liquids include apple or cranberry juice, coffee or tea without milk/cream, Gatorade/PowerAde, and water.**

## The Day of Surgery

- Shower with antibacterial soap the morning of your procedure.
  - If you have a splint/cast, please follow instructions from your surgeon's office.
  - If you are having a joint replacement refer to your joint instruction handout.
- Do not wear jewelry (rings, necklaces, earrings or body piercings) or make-up. A light/pale colored nail polish is OK; if the color is dark, it will need to be removed from 1 finger.
- If having surgery on your hand, remove all nail polish from the surgical hand; if having surgery on your foot, remove all nail polish from the surgical foot.
- No gum, candy, tobacco, alcohol, or illegal drugs.



- Bring your photo ID and insurance card.
- Bring with you any co-pay which must be paid in full at the time of check in.
- Arrange to have someone responsible to drive you home. You cannot drive yourself home after having an anesthetic.

- ***Foot & Knee Scope Patients***

- Bring crutches if you have them.
- Wear loose/comfortable, preferably elastic waist pants/shorts and easy slip-on shoes.

- ***Shoulder, Arm & Hand Surgery Patients***

- Wear a loose fitting, clean, short sleeved t-shirt.
- Wear loose/comfortable, preferably elastic waist pants/shorts and easy slip-on shoes.
- **Do NOT** put on any deodorant/antiperspirant

- ***Hip or Knee Replacement Patients***

- Bring your walker.
- Bring your CHG bath form with you.
- Wear loose/comfortable, preferably elastic waist pants/shorts and easy slip-on shoes.

## After Surgery

- Have someone remain with you for 24 hours if you received any anesthesia.
- Refer to your discharge instruction papers.
- Wash your hands frequently with hand sanitizer or soap.
- Follow the instructions for your surgical bandage and **DO NOT** remove it unless instructed.
- Keep your incision clean.
- Do not sleep with pets while your wound is healing.

## Advance Directives

As an outpatient surgery center, we perform elective procedures on patients who are medically cleared for their procedure and who do not expect a decline in their health status.

For this reason, it is the policy of the surgical center to always attempt to resuscitate and transfer you to the hospital in the event of deterioration. This policy applies to all procedures performed at the surgical center. (State law Reference: Wis Leg. subch.II of ch. DHS 94.05.)

If you do have an Advance Directive, please bring a copy of this with you when you come for surgery.

Though we do not honor Advance Directives, in the event of an unplanned transfer to the hospital following your procedure, this document would be sent along with you.

If you do not have an Advance Directive, but would like information on this, please feel free to contact us at 715-345-0500. We will provide you with the State of WI forms or you can ask for the forms at the time of check in for your surgery.

## Insurance and Billing

- If you have a co-pay, it is expected to be paid in full at the time of surgery check-in. Our ASC staff will call you prior to your surgery to inform you of this.
- Following your procedure, you can expect to receive 3 separate bills from your surgery; one from the surgical center, one from the surgeon's office, and another from anesthesia (if you received anesthesia).
- We will bill your insurance company following your surgery. You will be responsible for any co-insurance and/or remaining deductible which is part of your insurance plan design.
- Options to pay include; cash, check, credit card (VISA/Mastercard), or our website portal: **ASCStevensPoint.com**.
- Payments can be made in person at our office, by mail, or over the phone by calling our surgical center or the number depicted on your billing statement. Please be aware that we do use a billing company that is located in Florida.
- If you cannot pay your balance in full, the center will accept interest free monthly payments for 90 days. If you are unable to pay your balance in full within 90 days, we offer a finance plan option which requires a personal email account. If this does not work for you, you must secure alternative financing.
- If you have questions regarding your bill, contact the number on your billing statement or call our surgical center at 715-345-0500 between the hours of 8:00am to 5:00pm Monday through Friday.

## **Patient Rights**

1. Every patient has the right to appropriate medical care and surgical interventions that are medically indicated regardless of age, disability, psychological/social/cultural/spiritual variable, race, creed, color, natural origin, ancestry, religion, sex, sexual orientation, marital status, or source of payment.
2. Patients will be treated with respect, consideration, and recognition of their individuality and personal needs, including the need for privacy, in a clean, and safe environment free of unnecessary restraints, abuse and harassment.
3. Patient's medical records, including all computerized medical information, shall be kept confidential except in cases where reporting is required or permitted by law.
4. The patient or any person authorized by law shall have access to the patient's medical record in accordance with the center's policy. A fee is charged for copying the patient's record.
5. Every patient has the right to be informed and to understand all of the procedures and/or treatments that will be performed. The information will include the possible risks and benefits of the procedure or treatment and the expected outcome before it is performed. All patients or the patient's legally authorized representative must give signed informed consent for surgical interventions or invasive procedures before the treatments or procedures are administered.
6. Patients can expect information about pain and pain relief measures, as well as health professionals who will respond quickly to assessments or reports of pain.

7. Any patient may refuse treatment to the extent permitted by law, and shall be informed of the medical consequences of the refusal, appropriate care and services the center provides.

8. Any patient can complain or voice a grievance regarding treatment or care that is (or failed) to be provided without fear of reprisal or discriminatory behavior. A complaint can be filed verbally or in writing at the point of care/service location with a staff member, or with members of administration.

If you want to discuss any concerns after you depart, please feel free to contact our Clinical Director, Administrator, or Medical Director at 715-345-0500. You can also send your complaint to the Department of Health & Human Services at Family Services, 1 West Wilson Street, PO Box 2969, Madison, WI 53701-2969 or by calling 1-800-642-6552. You may also contact the Medicare Ombudsman at <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections>.

For Medicare beneficiaries, or their representative or surrogates, please be aware the role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand Medicare options and to apply their Medicare rights and protective.

## **Patient Responsibilities**

1. Ask for clear explanations of treatments, available alternatives, risks involved, side effects, and credentials of individuals who may be performing these procedures.
2. Ask your doctor or nurse what to expect regarding pain and pain management. Discuss your pain relief options and help your healthcare providers develop a pain management plan. Share any concerns you have about pain and taking pain medications.
3. Make sure your decisions regarding your health care are informed decisions. Gather information, ask questions, and if you decide to change your mind about your health care, discuss your decision with your physician.
4. When you and your physician have agreed upon the course of your treatment, it is important for you to follow the prescribed plan. If you have concerns after initiating treatment, communicate those concerns to the physician who prescribed the course of treatment before stopping treatment.
5. Ask questions regarding qualifications of center staff, available equipment, and services offered by the center.
6. Be honest and provide accurate information to the center staff.
7. Inform the center staff of any special needs related to disability or care that you may have.

## **Notice of Privacy Practices**

You are entitled, through the HIPAA regulation, to receive a copy of our Notice of Privacy Practices. You can find these in our on-line registration system or you can ask for a copy at the time of check in. They are also on display in a poster in our waiting area.

## **Ownership Disclosure**

Our surgical center is surgeon-owned. The following surgeons are owners and have become owners as a result of their commitment to the highest quality of care for our community. As owners they have a financial interest in the facility and you have the right to choose an alternative site of service for your procedure. Please contact your surgeon or medical specialist's office to obtain a list of sites where he/she has privileges to practice.

|                      |                      |
|----------------------|----------------------|
| Samuel Bauer, MD     | Orthopedic Surgery   |
| Nikita Grama, DPM    | Foot & Ankle Surgery |
| Thomas Guse, MD      | Orthopedic Surgery   |
| Marcus Haemmerle, MD | Orthopedic Surgery   |
| Mark Jordan, MD      | Orthopedic Surgery   |
| Jason Potocki, MD    | Orthopedic Surgery   |
| Joshua Troyer, MD    | Orthopedic Surgery   |

## **Thank You**

Thank you for selecting the Ambulatory Surgical Center of Stevens Point for your health care needs. Our goal is to provide excellent surgical outcomes and deliver outstanding service by anticipating and meeting your needs with compassion.



## Directions

### From Highway 66

- Take Highway 66 to Division Street (Business 51)
- Go North on Division Street to 6th Avenue
- Turn Left on 6th Avenue
- 1 block to the Medical Complex (on left)

### From Highway 51/39

- Take Highway 51/39 to Exit 161 (Business 51)
- Go South on Division Street (Business 51) to 6th Avenue
- Turn Right on 6th Avenue (first right after second light, 1 block)

