



Ambulatory Surgery Center

Hours

Monday through Friday
7 a.m. - 3:30p.m.

Telephone Numbers

(402)397-7178 - Ambulatory Surgery
(402)397-9800 - 24 hour
1-800-882-4770 - 8 a.m. - 5 p.m.

We are pleased to have you as a patient at The Urology Center's Ambulatory Surgery Center (ASC). The Ambulatory Surgery Center provides many services. Cystoscopies (bladder examinations), X-ray procedures, Lithotripsy, small bladder tumor removals, vasectomies, circumcisions, and hernia repairs are some of the procedures that can be done in our center.

~~We strive to make our services convenient, private, and economical.~~ Our center is Medicare and Accreditation Association for Ambulatory Health Care (AAAHC) certified. The Urology Center ASC was one of the first urologic ambulatory surgery centers in the United States.

Scheduling Your Procedure

Your physician and our staff will schedule your procedure with your convenience and comfort in mind.

Pre-Operative Contact

Prior to your procedure, the Surgery Center's nurses will contact you. During this contact, we will update your health history and current medication list, clarify your planned procedure, answer questions you may have, and give you instructions you will need prior to your arrival. The pre-operative contact will occur either in person or via the telephone. Please feel free to call us to clarify questions that may have arisen after our pre-operative contact.

Arrival

You will be given an arrival time based on your procedure. Arrival times will vary from 15 minutes to 2 hours prior to scheduled tests or procedures.

After your procedure

Instructions for your home care will be given to you before leaving the surgery center. These instructions include diet, medications, activities, symptoms you may experience after the procedure, and follow up appointments.

Post-Operative Contact

The Urology Center nurses will call you within 48 hours after your procedure to make sure you are feeling well and that your questions have been answered.

Billing/Financial

Please come prepared to show your insurance cards/Medicare cards and a photo identification each time you visit The Urology Center. This will keep our records current so we may process your insurance claims accurately. We will file to your primary insurance carrier and file to your secondary insurance carrier.

Your statements will show separate charges for your physician's fee and a facility fee (use of the equipment, building, and personnel). There may be separate radiologist's fees (if you have x-rays taken) and anesthesia fees (if you had General or IV sedation anesthesia). Blood tests and tissue specimens are sent to laboratories outside our facility. Fees for these lab procedures will be billed to you directly by the laboratory.

Disclosure of Ownership

The Urology Center, P.C. including our Ambulatory Surgery Center, is owned and operated by Drs. Konigsberg, Kroeger, Gordon, Morton, Koukol, Longo, Lim, Jepson, Leu, Donovan and Hill. Any services that you receive at this location are a part of the operations of The Urology Center, P.C.



Patient's Bill of Rights and Responsibilities

We believe our patients, or a surrogate, have certain rights when visiting our office as well as certain responsibilities to our office. Below is a summary of these rights and responsibilities. All employees should become familiar with these rights and responsibilities and adhere to them in the performance of their job responsibilities.

You have the right:

- To the highest quality of health care possible.
- To be treated with consideration, respect and dignity.
- To privacy and safety during treatment and consultation.
- To receive accurate and easily understood information about our physicians.
- To ask questions and get a straight and honest answer from all staff.
- To know all your treatment options and to participate in decisions about your treatment, to refuse any operation, procedure, or treatment, and be informed of medical consequences of refusing treatment; to seek a second opinion.
- To be told when your treatment will be part of a research study and to refuse to participate.
- To be informed about your continuing health care needs, including diagnosis, evaluation, treatment and expected outcome prior to the procedure.
- To inquire about the possibility of financial aid.
- To talk in confidence with our staff and to have your health care information protected. You have the right to review and copy your own medical record, to approve or refuse release of your record except when required by law, and request an amendment to the record if you feel it is not accurate, relevant or complete.
- To file an advance medical directive.
- To be free from all forms of abuse, neglect, harassment, discrimination or exploitation.
- To exercise your rights without being subject to discrimination or reprisal.
- To register a complaint or offer suggestions with our administrator about the facility, processes, treatment or care that is provided or fails to be provided and to get a response to your complaint.

Register a complaint with: Our Administrator, Laura Forehead, 402.397.9800 –OR–

- Michael Grutsch, PA-C
DHHS Division of Public Health Investigations
1033 O Street, Suite 500
Lincoln, NE 68508
402.471.0175
- Office of Medicare Beneficiary Ombudsman
www.medicare.gov/Ombudsman/activities.asp

You have the responsibility:

- To keep your appointments.
- To provide complete information about your past health.
- To let us know if you do not understand or cannot follow our health care instructions.
- To cooperate fully in the treatment program you and your doctor have agreed to.
- To inform us about any living will, medical power of attorney or other directive that could impact your care.
- To be prompt in payment of your account.
- To provide all information necessary to qualify for any financial assistance you may request.
- To provide information about current medications or treatment being rendered by other physicians.
- To provide us with accurate demographic information including phone number, address, employer information and insurance information.
- To be respectful of our staff and other patients in the facility for treatment.



Advance Directives

Because the scope of care at this facility is limited to elective outpatient surgical procedures, regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department. If you have an executed advance directive please bring a copy with you at the time of your appointment so we can place such in your medical record. If you need assistance in obtaining an advance directive form, please contact us at 402-397-7178.