



**Your Appointment**

**Location:** 239 Hurffville-Cross Keys Rd.  
Suite 180  
Sewell, NJ 08080  
(856) 341-8262  
(856) 341-8296 fax  
(Detailed directions on Page 10)

**Your Physician:** \_\_\_\_\_

**Your Procedure:** \_\_\_\_\_  
\_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

**If you have not been contacted by a representative from Virtua Center for Surgery (VCS) at least 48 hours prior to your appointment, please call 856-341-8262 between the hours of 8:00am- 4:30pm.**

**Please bring with you to VCS on your day of surgery:**

- Photo ID and Insurance Card
- All papers or forms given to you by your physician.
- Co-pay, deductible or co-Insurance as instructed by the business office.
- A responsible adult to drive you home.



## Welcome to Virtua Center for Surgery

### Please read through all the information

We are pleased that you will be having your procedure at Virtua Center for Surgery, and are confident that you will experience the best in healthcare.

At Virtua Center for Surgery, we offer:

- ◆ The highest quality healthcare
- ◆ A comfortable, welcoming facility
- ◆ Caring, friendly, highly-skilled staff
- ◆ State-of-the-art medical equipment

Our patients tell us time and again that they are extremely happy with the care they receive in our facility. We will send you well on your way to a speedy recovery.

### **Preparing for Your Surgery or Procedure**

Your physician will discuss your surgery/procedure with you during your office visit, and your surgery center appointment will be scheduled at that time. Please be sure to tell your doctor about any existing medical conditions and any medication that you are currently taking.

After your surgery/procedure is scheduled, you will receive a phone call from a member of our nursing staff to obtain a basic health history and to review your preoperative instructions. Or, you may call us at 856-341-8262 to receive your instructions. ***It is very important that you speak with someone from Virtua Center for Surgery prior to the date of your surgery.***

You will also hear from a member of our business office staff regarding your insurance coverage and your financial responsibility. ***Payment of your responsibility is expected in full when you arrive, the day of your surgery/procedure.*** For your convenience VCS does accept cash, personal checks, VISA and MasterCard. See page 7 for more information "About Your Bill".

If you have had any pre-operative tests or a history and physical performed within 30 days prior to surgery/procedure, please ask your physician to fax or send the reports to us (Attn: Pre-Op Nurse) prior to your arrival. The Fax Number is (856) 341-8296. ***Please be sure to complete the lab studies before your surgery/procedure as directed by your physician. Failure to do so can cause delay or cancellation of your surgery/procedure.***

Before your surgery/procedure, you should follow these important safety rules, which are critical to your well being. If you do not follow these guidelines, your surgery/procedure may have to be delayed or cancelled. Additionally, failure to follow these instructions can cause serious complications.

- ◆ Patients under 18 years of age must be accompanied by a legal guardian for the duration of the stay.
- ◆ Make arrangements for a responsible adult to drive you home after surgery/procedure. Public transportation or Taxi service is allowed only for those patients having local anesthesia or if an escort accompanies the patient. Under no other circumstances will you be allowed to leave unescorted.

- ◆ You will be given eating and drinking instructions the day before your surgery/procedure (or on Friday before a surgery/procedure scheduled for Monday). **It is important that you follow the instructions completely, or your surgery may be cancelled.**
- ◆ Do not smoke or use any tobacco products after midnight the night before your surgery/procedure.
- ◆ Do not drink alcohol for 24 hours before and after your surgery/procedure.
- ◆ You may brush your teeth or rinse your mouth the day of surgery, provided nothing is swallowed.
- ◆ If there is any change in your condition between now and the time of your surgery/procedure (such as colds, fever, cough, etc.) be sure to contact your physician.
- ◆ Medications
  - If you take insulin or any other routine medication, your doctor or anesthesiologist will tell you how to take your medication the day of the surgery/procedure.
  - Bring all diabetic medications with you to the Surgery Center.
  - If you take a blood thinner (such as Coumadin, aspirin, etc.), please tell the surgeon.
  - You may take your normal heart, blood pressure, breathing, or seizure medication the morning of surgery/procedure with a small sip of water.

## **Medication Reconciliation Form**

**Included in your packet is a Medication Form. Please fill this out as soon as possible to help expedite the pre-admission assessment process and bring it with you on the day of surgery/procedure.**

Feel free to contact the Pre-op RN at VCS with any questions by calling (856) 341-8262. You will also be receiving a call from the Nurse prior to your date of surgery and any questions can be answered at that time.

## **Medical Equipment**

Please speak with your physician regarding the necessity of using the following medical equipment after your surgery/ procedure:



- ◆ Crutches
- ◆ Knee Braces
- ◆ Wrist Splints
- ◆ Walking Boot/Cast
- ◆ Special Shoe
- ◆ Knee or shoulder immobilizer
- ◆ Walker

If you have any questions or concerns regarding your care, please discuss them with the nurse who calls for your preoperative interview. Otherwise, feel free to call the Center at (856) 341-8262 to speak with the Administrator.

## **Confidentiality**

We take the confidentiality of your protected health information very seriously. Please call us at (856) 341-8262 immediately if the contact information you have given your physician is not the number you want us to use to reach you regarding your surgery. Please also indicate any other family members/individuals that are allowed or not allowed to receive information regarding your care. It will be assumed that the person you designate as the responsible adult to accompany you home after surgery is allowed to receive information regarding discharge instructions.

For additional information be sure to read the attached brochure:

### **Notice of Privacy Policies (HIPAA)**

## **Advance Directives**

The Patient Self-determination Act is a federal law that requires health care facilities to provide information to adult patients concerning "an individual's right under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives." To help patients make these choices, New Jersey law provides for advanced directives.

Advanced directives are papers that state a patient's choices for treatment. This includes decisions like refusing treatment, being placed on life support, and stopping treatment at a point the patient chooses. It also includes requesting specific life sustaining treatments.

***You need to be aware of the Virtua Center for Surgery Policy on Advanced Directives. Virtua Center for Surgery does not recognize Advance Directives for use in this setting and will use all measures possible to sustain life.***

**If you have an Advance Directive, you should bring a copy of the Advance Directive with you on the day of surgery. The information will be placed on your chart in the rare event that you would need to be transferred to the hospital. The information may then be communicated to the appropriate hospital personnel for continuity of care purposes.**

**If you have any questions or concerns regarding this policy, please discuss them with your physician or the nurse who calls for your preoperative interview. Otherwise, feel free to call the Center at (856) 341-8262 to speak with the Administrator.**

# Patient Rights and Responsibilities

Each patient cared for at Virtua Center for Surgery has the following rights:

- ✦ To be informed of these rights, in written and/or verbal form, in terms you can understand.
- ✦ To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including payment, fee, deposit and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate.
- ✦ To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and functions of these institutions, and to refuse to allow their participation in the patient's treatment.
- ✦ To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or of the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record.
- ✦ To participate in the planning of the care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the medical record.
- ✦ To expect emergency procedures to be implemented without necessary delay, including expedient transfer to another facility when medically necessary and notification of the facility prior to transfer.
- ✦ To change your provider of care, if other qualified providers are available.
- ✦ To be included on experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices.
- ✦ To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal.
- ✦ To be free from mental and physical abuse, free from exploitation, and free from the use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- ✦ To confidential treatment of information as explained in the Patient Privacy Notice brochure.
- ✦ Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey Department of Health and Senior Services for statutorily authorized purposes.
- ✦ The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
- ✦ To be treated with courtesy, consideration, respect and recognition of the patient's dignity, individuality and right to privacy, including, but not limited to, auditory and visual privacy. Privacy shall be respected when facility personnel are discussing the patient.
- ✦ To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State and Federal laws and rules.
- ✦ To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
- ✦ To not be discriminated against because of age, race, religion, gender identity, gender, sexuality, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
- ✦ To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6.
- ✦ To present questions or grievances to a staff member or the Administrator of the facility, receive a response in a reasonable period of time, and supplied information on the patient grievance process. Complaints may be reported to:
  - ✦ The New Jersey Office of Acute Care Assessment and Survey, Division of Health Facilities Evaluation and Licensing, Department of Health and Senior Services, PO Box 358, Trenton, NJ 08625-0358, (800)792-9770.
  - ✦ If the patient is 60 years of age and older, contact the Office of the Ombudsman for the Institutionalized Elderly, Division of Elder Advocacy, Department of the Public Advocate, PO Box 852, Trenton, NJ 08625-0852, (877) 582-6995.
  - ✦ The Medicare Ombudsman at: 1-800-Medicare or <http://www.medicare.gov/ombudsman/resources.asp>
- ✦ To receive verbal and written notice of these patient rights and responsibilities, information pertaining to Virtua Center for Surgery's policy for Advanced Directives, and a written disclosure of physician financial interests or ownership; all in advance of the date of service.

Providing quality medical care and treatment requires patient cooperation.

## You, as a patient at Virtua Center for Surgery are responsible:

- ✦ To provide accurate and complete information regarding present illness, past medical history and other matters relating to your health, including medications, over-the-counter products, dietary supplements and knowledge of any allergies, reactions or sensitivities.
- ✦ To report any changes in your condition to the physician(s).
- ✦ To follow the treatment plan recommended by the physician and to assist nurses and other allied health personnel in following instructions.
- ✦ To provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- ✦ For your actions and the results if you refuse treatment or do not follow instructions.
- ✦ To fulfill the financial obligations of all health care services you received, promptly.
- ✦ To follow the surgery center's rules and regulations affecting your care, conduct and safety.
- ✦ For being considerate of the rights of other patients, healthcare providers and Virtua Center for Surgery personnel.
- ✦ For controlling the noise and conduct of your family and support members.
- ✦ For the security of your personal belongings and the property of others.
- ✦ For informing us about any Advance Directive (such as a living will or medical power of attorney) that could affect your care.
- ✦ For informing a facility staff member if any of the following has occurred: your privacy has been violated, your safety is being threatened or you need/desire to file a grievance.

## The Day of Your Surgery/Procedure

***If you are unable to keep your appointment or you are delayed, please contact Virtua Center for Surgery immediately at (856) 341-8262.***

- ◆ Please report to Virtua Center for Surgery at: 239 Hurffville-Cross Keys Rd. Suite 180, Sewell, NJ 08080.
- ◆ All jewelry must be removed prior to surgery. ***Therefore, please do not bring any valuables or jewelry with you to the Surgery Center.***
- ◆ ***You are required to bring your driver's license or photo identification card, and health insurance cards or forms with you.*** Depending on your insurance, you may also be asked to bring your co-pay, coinsurance, or deductible.
- ◆ Bring any x-rays, MRI reports, test results, lab results or other information your physician requested that you bring.
- ◆ Choose low-heeled shoes and loose, comfortable clothing which is easy to put on and take off, and that can be easily folded. Avoid garments that pull over your head. Sleeves and legs should be loose enough to fit over bandages if necessary.
- ◆ Remove all make-up, nail polish and your contact lenses, if you wear them.
- ◆ If applicable, bring the following items with you:
  - Contact lenses or eyeglasses in a protective case
  - Dentures
  - Hearing aid(s)
  - Crutches or walker

During your preoperative interview, you will be instructed about what time to arrive. Please check in at the front desk upon arrival to register. Then, you will be escorted to the preoperative area where your pulse, temperature, respiration, and blood pressure will be taken. You will be asked to change into a gown provided by the Center, and your clothes will be placed in a secured location until you are ready to be discharged. Both your anesthesiologist and surgeon will visit with you prior to surgery/procedure.

Depending on the type of surgery or procedure and other factors, you may walk into the operating/procedure room for your procedure and anesthesia will be administered there.

After your surgery/procedure is completed, you will be moved to a recovery area until you are ready to go home. Here, you will be given something to eat and drink (please do not bring food from home). You may be surprised at how quickly you feel ready to leave.

***Children must not be left unattended in the waiting room, and will not be permitted in restricted areas for their own safety and the safety of our patients. If you choose to bring children along to the Center, please be sure that they have adequate supervision.***

## **After You Leave the Center**

In most cases, depending on your surgery/procedure, you will be ready to leave the Center 30 minutes to 2 hours following completion of your surgery. You will be given specific instructions from your physician regarding your care prior to discharge from the Center.

For your comfort and safety, we remind you of the following:

- ◆ We strongly urge, for your safety, that you make arrangements for a responsible adult to be with you for the first 24 hours after your surgery/procedure.
- ◆ Take it easy until your physician says you can return to your normal routine.
- ◆ It is natural to experience some discomfort in the area of the operation. You may also experience some drowsiness or dizziness depending on the type of anesthesia you receive, *or on the amount of pain medication you are taking at home.*
- ◆ Follow your physician's instructions regarding diet, rest, and medication.
- ◆ Do not drive, operate heavy machinery or power tools, cook, drink alcoholic beverages, make legal decisions, or take any medications not prescribed by your physician for at least 24 hours after your surgery.
- ◆ Contact your physician if you feel you are having problems after discharge. If you cannot contact your doctor but feel your concerns warrant a doctor's attention, call 911 or go to the emergency room closest to you.
- ◆ It is very important to remember; if you received general anesthesia or sedation of any kind - ***You must have a responsible adult drive you home after the procedure. Under no circumstances will you be allowed to leave unescorted.***

The day after surgery, a member of the Virtua Center for Surgery staff will call to see how you are doing. If your surgery is on a Friday, you will be contacted on Monday. Or, you may contact us during business hours at (856) 341-8262. We would love to receive your feedback on our services at this time as well. Please let us know about the care you received.

## **About Your Bill**

If you have given complete and accurate insurance information to your surgeon's office, a member of our business office staff will call your insurance company prior to surgery and verify your medical benefits for our facility charge. We will secure any information regarding co-payments, co-insurance, and/or deductible amounts that will be your responsibility.

**Payment of your responsibility is expected in full at the time you register.**

You will receive a bill for the services provided by the Surgery Center. This covers your preoperative evaluation, most supplies and medications, equipment, personnel, and use of the operating and recovery rooms.

If you do not have insurance or if your insurance does not cover the surgery/procedure to be performed, please make arrangements to pay the Surgery Center's facility fee on the day of the surgery unless prior financial arrangements have been made with our Business Office.

For your convenience, we accept cash, personal checks, VISA and MasterCard.

In addition to our bill for the facility fee, you will receive separate bills for the following services:

- ◆ Your physician or surgeon
- ◆ Anesthesia, if you received general anesthesia or it was necessary for an anesthesiologists to be available for your procedure
- ◆ Laboratory tests, if they were required by your physician or radiology imaging before or during your surgery
- ◆ Pathology, if tissues or specimens were removed during surgery

Any questions regarding these services should be directed to their respective billing offices.

Our Business Office staff will be happy to answer any questions you may have regarding insurance coverage or billing procedures if you call (856) 341-8262.

## **Participating in Our Patient Survey**

Before you leave Virtua Center for Surgery, you will receive a copy of our Patient Satisfaction Survey. Your comments and suggestions are very important to us, and will help us improve the service we provide to our future patients and their families. Please take a moment to fill out this short survey and return it in the postage-paid envelope.



# Patient Registration Guide



Physician: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

Virtua Center for Surgery at Washington Township asks that you complete online registration with One Medical Passport. The website guides you to enter your medical history so that we may provide you with excellent care and minimize long phone interviews and paperwork. *You may also receive a phone call, email or text from One Medical Passport to help with this important task.*

## Begin Registration on the One Medical Passport Website

Begin at: [www.onemedicalpassport.com](http://www.onemedicalpassport.com) (website shown below) and select **Virtua Center for Surgery at Washington Township** from the facility picklist.

## Create Your One Medical Passport Account

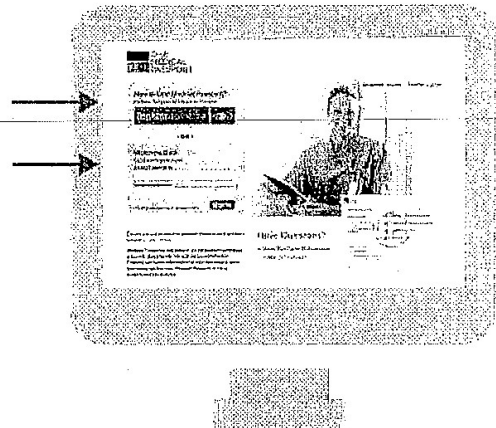
First time users of One Medical Passport should click the green **Register** button and create an account. Answer the questions on each page, then click save and continue. Once complete, you will be prompted to click **Finish** to securely submit your information to us.

### First Time Users Click Register

Username you chose: \_\_\_\_\_

Returning Users (for changes or reuse)

Enter the username and password you chose.  
You can then access or update your account.



## Additional Help to Complete Registration

Each page has a **Help** link you may click for assistance. If you are not able to complete your history online, please call our pre-op nurse during business hours at 856-341-8262 to complete your history over the phone.





## **Ownership Disclosure**

**The following physicians have an ownership interest in Virtua Center for Surgery:**

**Saba Aftab, MD**

**Brad Bernardini, MD**

**Jack Bondi, MD**

**Jonathan Burke, MD**

**Anthony Cultrara, MD**

**William Cody, MD**

**Gregory Dean, MD**

**Marianne DiGiovanni, DO**

**William Franckle, MD**

**Leslie Hess, DPM**

**Nikolaus Hjelm, MD**

**Nathan Holmes, MD**

**Juanita Huggins, DO**

**Catherine Minter, MD**

**Jason Mora, DO**

**Michael Packer, MD**

**Jonathan Roth, MD**

**Samir Shah, MD**

**Gregory Seltzer, MD**

**Stephen Tai, MD**

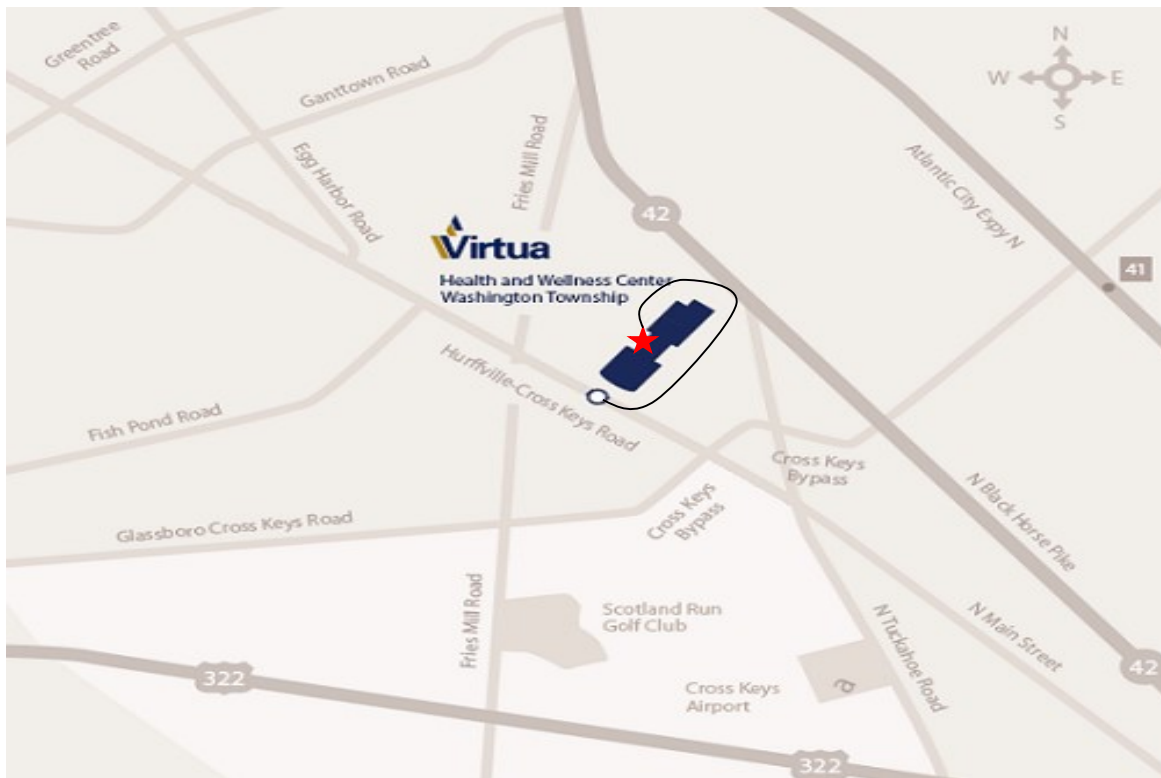
**John Tung, MD**

**Ryan Walker, MD**

**Gabriel Wong, MD**

**Virtua- West Jersey Health  
System, Inc.**

## Directions to the Center



**From Cherry Hill Area (approx. 20 miles):** Take Route 70 West, turn left onto US130 South to I-76 (toward Atlantic City). Keep straight onto Route 42 South approximately 8 miles. Keep to the Right following Route 42 South/Black Horse Pike. Turn right onto Fries Mill Rd. (CR-655) 1.5 miles. At traffic light turn Left onto Hurffville-Cross Keys Rd. (CR-654). Entrance is 0.4 miles on Left.

**From Marlton Area (approx. 16 miles):** Take Route 73 South approximately 7 miles, bear Right onto Berlin-Cross Keys Rd for approx. 8 miles, after crossing Route 42 the road name changes to Cross Keys Bypass (CR-689), continue 0.7 miles. At third traffic light turn Right onto Hurffville-Cross Keys Rd. (CR-654). Entrance is 0.4 miles on Right.

**From Vineland Area (approx. 22 miles):** Take Route 55 North approximately 10.5 miles. At Exit 43 take ramp Right for Little Mill Rd. (toward Franklinville/Clayton). Turn Right onto Little Mill Rd. in 0.5 miles name changes to Hall Ave., continue for 0.2 miles. Turn Left onto Grant Ave. continue for 0.7 miles. Turn Left onto Fries Mill Rd. (CR-655), continue for 6.3 miles. At traffic light turn Right onto Hurffville-Cross Keys Rd. (CR-654). Entrance is 0.4 miles on Left.

**From Hammonton Area (approx. 17 miles):** Take Bellevue Ave. (Route 54 West) to entrance to Atlantic City Expressway West (toward Philadelphia/Camden). Continue for 12.7 miles. Take exit 41; Berlin-Cross Keys Rd. (CR-689). At end of ramp turn Left onto Berlin-Cross Keys Rd., continue for 1.5 miles. After crossing Route 42 the road name changes to Cross Keys Bypass

(CR-689), continue 0.7 miles. At third traffic light turn Right onto Hurffville-Cross Keys Rd. (CR-654). Entrance is 0.4 miles on Right.

**Follow signage in parking lot directing you to surgery center entrance, which is at the farthest most point around the building (see map).**



Photo by GEM Photography

**From the Physicians and Staff  
of  
Virtua Center for Surgery  
Thank You!**