

At Advanced Center for Plastic Surgery, we believe that our patients have the following rights:

1. Patients may expect to be treated courteously and with respect, dignity and compassion by all who provide care and be free from all forms of abuse or harassment.
2. Patients may expect privacy and safe physical surroundings while in the surgical suite.
3. Patients may expect that all information, communication and records related to their care will be treated confidentially and may approve or refuse the release of their health information except when required by law.
4. Patients will be informed of their diagnosis, options for treatment and the likely outcomes of those options.
5. Patients may expect to receive instructions related to their care upon discharge.
6. Patients may expect that all personnel providing care will be current in their knowledge and skills and be licensed or certified as required.
7. Patients may review a copy of their bill regardless of who pays for the services.
8. Patients will not be discriminated against on the basis of race, religion, nationality, sex, age, handicap, marital status, or source of payment.
9. Patients have the right to refuse to participate in experimental research should such research be conducted.
10. Patients have the right to decide who provides their care and may review their medical credentials. In the event the patient wishes to change providers, our center will facilitate the transfer of all medical records to such provider.
11. Patients have the right to report any grievances to the facility or state and federal agencies. To file a complaint with the facility, please call our office: 410-308-4700 or the State: Maryland Office of Health Care Quality call 1-800-492-6005 or visit <https://health.maryland.gov/ohcq/Pages/home.aspx> Click on file a complaint or download a complaint form or write the program manager of Ambulatory Care, Office of Health Care Quality, 7120 Samuel Morse Drive, Columbia, MD 21046.
12. For our Medicare beneficiaries, visit the website for the [Office of the Medicare Ombudsman](#): The ombudsman can help patients understand their Medicare options and their Medicare rights and protections.

At Advanced Center for Plastic Surgery, we believe the patients have the following responsibilities to the facility:

1. Patients are responsible to the healthcare provider, to provide to the best of his/her knowledge, accurate and complete current and past health history.
2. Patients are responsible for reporting unexpected changes in his/her condition to the healthcare provider.
3. Patients are responsible for reporting to the healthcare provider that the planned course of treatment and expected outcomes are fully understood.
4. Patients are responsible for following a treatment plan, and remaining compliant throughout the course of treatment.
5. Patients are responsible for keeping appointments, and if unable to do so, to notify the facility in a timely manner.
6. Patients are responsible for his/her actions if he/she refuses treatment for any reason or refuses to follow given instructions regarding their treatment.
7. Patients are responsible for fulfilling financial obligations for his/her healthcare as agreed by the healthcare provider/facility.
8. Patients are responsible for conducting themselves appropriately while in the facility.
9. Patients are responsible for informing provider of any living will, power of attorney or advanced directive.
10. Providing an adult to transport you home after receiving general anesthesia, sedation or major anesthetic block.
11. Informing provider/facility of any living will, power of attorney or advanced directive.

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PATIENT SIGNATURE

DATE

### Information on Advance Directives:

Notice of Policy regarding advance directives: There are many types of advance directives; the two most common forms are living wills and a durable power of attorney designation. The surgery center will honor your advance directives, however, if a life-threatening situation occurs, the surgery center will perform resuscitative and stabilization efforts until the patient is transferred to a higher level of care. Your executed advanced directive will be sent with you to the higher level of care.

For additional information regarding advance directives, please visit:

<https://www.oag.state.md.us>

### Information to our patients regarding insurance:

- We do not accept **ANY** insurance,
- All payments are paid out of pocket by our patients with cash, check, and/or credit card. If you would need to finance we offer Care Credit.
- You will need to become your own advocate. Here are the proper steps for you to follow to submit to insurance.
  1. Contact your insurance company and find out if your specific surgery is a covered benefit in your policy. Be reminded that Dr. Fischer is out of network with **EVERY** insurance company.
  2. If it is a covered benefit, you will need to obtain a copy of the medical policy listing the criteria that is required. Get a call reference number and document the person you spoke with, the date and time. This is to protect yourself when finding out what your insurance covers and collecting reimbursement from them.
- We cannot call insurance companies or fill out paperwork for prior authorization. We can give you CPT and diagnosis codes in preparation for when you call your insurance company. When calling your insurance company please be aware that we are an outpatient surgical center and we are an out of network provider with all insurance companies.
- We guarantee NO reimbursements from your insurance company to you. Again you need to be your own advocate in submitting the claim to your insurance company.

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PRINTED PATIENT NAME

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PATIENT SIGNATURE

DATE