Welcome to the Apple Hill Surgical Center, a premiere outpatient surgery facility affiliated with WellSpan Health. The Surgical Center is equipped with a large comfortable reception and waiting room, a private preoperative area, ten operating rooms, three procedure rooms, and a recovery area with a patient lounge. Each area is designed to provide you with a positive surgical experience.

The Surgical Center is located at Entrance G on the main level of the modern, technologically-advanced Apple Hill Medical Center. Also located in the Medical Center is a laboratory and pharmacy. Imaging services are available in the Women’s and Imaging Center building, adjacent to the Apple Hill Medical Center.

Preparation for Surgery

Your doctor will discuss your operation or procedure with you. Be sure to tell your doctor about any medicines you are taking and ask if you should take them on the day of your procedure.

You will receive a phone call from a member of the Apple Hill Surgical Center nursing staff one to three weeks before your procedure. The nurse will assess your health status and give you instructions to prepare for your procedure. The assessment will take about 15-20 minutes. If you are not going to be home, you may contact the Center for your instructions at (717) 741-8631 between 7:30 a.m. and 4:30 p.m., Monday through Friday. You will be called again two to four business days before your procedure and will be given your arrival time during that call.

It is important for you to receive your preoperative instructions. Your procedure could be cancelled if we are unable to reach you for your instructions.

If a change occurs in your physical condition prior to surgery, such as a cold, rash, sore throat, cough, fever, or upset stomach, notify your physician. The doctor may wish to reschedule.

If you are having sedation, you MUST make arrangements for someone to drive you home following your procedure. We STRONGLY RECOMMEND someone stay with you for the first 24 hours following your procedure. Patients under the age of 18 must be accompanied by a parent or guardian. A waiting room is available for the comfort of your escort, and there is a small snack shop in the lower level serving breakfast and lunch. If you are unable to arrange for an escort, please inform us as soon as possible, as it may be necessary to reschedule.
What can I do to help prevent Surgical Site Infections?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- On the day of your surgery, shower prior to arriving at the surgical center. Cleaning the skin helps to kill germs.

After your surgery:

- Make sure your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Make sure you understand how to care for your wound before you leave the center.

At home:

- Always clean your hands before and after caring for your wound. Wash your hands thoroughly with soap and water for at least 20 seconds. Don’t forget your wrists, palms, back of hands, thumbs and under the fingernails.
- Keep your dressing clean and dry.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.

Preoperative Instructions

A nurse from the Surgical Center staff will call you one to three weeks BEFORE your procedure to review your health history. You may also call (717) -741-8631 to receive your instructions. It is important for you to
speak with someone from the Center before your procedure. You will receive a second call within four business days before your procedure to confirm your arrival time.

Before your procedure, you should follow these important safety rules. If not followed, your procedure may have to be delayed or cancelled.

- Do NOT eat anything after midnight before your procedure unless your doctor instructs you otherwise. This includes food, candy, lozenges, gum, and chewing tobacco. DO NOT smoke after midnight the night before your surgery. You may drink WATER up to two hours before your arrival. Not following these instructions can cause serious complications, including death.

- If you take insulin or any other routine medication, your doctor will tell you how to take the medication on the day of the surgery.

- If you take a blood thinner, please tell your doctor and the Surgery Center nurse. Common medications that thin the blood include:
  
  Aleve       Eliquis       Naprosyn       Voltaren
  Aspirin     Heparin      Plavix         Xarelto
  Coumadin    Ibuprofen   Pradaxa
  Effient     Lovenox     Ticlid

- Herbal and over-the-counter supplements can also thin the blood. Common supplements include:
  
  Cayenne       Garlic      Kava
  Chamomile     Ginger      St. John’s Wort
  Dong quai     Ginko       Turmeric
  Fish Oil      Ginseng     Vitamin E
  Flaxseed Oil  Green Tea

*This is not an all-inclusive list.*
References:

Kumar, Nagi B., Allen, Kathy, Bell, Heather, Perioperative Herbal Supplement Use in Cancer Patients: Potential Implications and Recommendations for Pre-surgical Screening, Cancer Control, July 2005, vol12, No 3, 149-157


Do not bring valuables such as jewelry, purses, money, etc.

Do not have children come with you to the Center unless they are having surgery.

If you are unable to keep your appointment or you are delayed, please contact the Center immediately at (717) 741-8250.

If you have any questions or concerns regarding your care, please call the Center at (717) 741-8250. We will be pleased to give you any assistance we can.

--- Pre-Registration ---

If you have an Active My WellSpan account, you will have the option to eCheck In. You will receive an email invitation to eCheck In two weeks prior to your procedure date. You will be presented with a Surgery Questionnaire to complete upon logging in. The WellSpan Access Call Center staff will use this information to complete your registration.

If you do not have an active My WellSpan account, or if you opt not to eCheck In, you may receive automated registration reminder calls beginning five business days prior to your procedure. You can call the WellSpan Access Call Center to complete your registration at (717) 851-5363 or 1-(800) 664-4695. Call Center hours are Monday through Friday, 7 a.m. to 6 p.m., and Saturday 7 a.m. to noon.

If you have updated your information with another WellSpan Health provider during the 30 day period prior to service, the Access Call Center may use that existing information for your pre-registration and you will not be contacted.
You should bring the following with you:

- Photo ID
- Insurance cards, Insurance copays and deductibles
- Eye glass case (if you wear glasses)
- Contact lens container (if you wear contact lenses)
- A list of all medications you currently are taking
- Adults – If you have an Advance Directive that is not already on file with WellSpan Health, please bring a copy and we will scan into your electronic medical record.

You should wear loose, comfortable clothing and low-heeled shoes so it is easier to dress following your procedure.

Once you have registered, a nurse will escort you into 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. Your clothes will be placed in a secured locker until you are ready to be discharged. Warm blankets will be provided for your personal comfort. Soothing aromatherapy clips are available, upon request, to enhance your body, mind and spirit. For those patients receiving sedation, an I.V. will be started.

The anesthesiologist and your doctor will see you prior to your procedure. Just before going into the operating room, you may be asked to remove your contact lenses and any other prosthesis. Dentures and partial plates may need to be removed prior to surgery. These will be labeled, placed in your locker, and returned to you upon your discharge. You will be in the preoperative area for about one hour prior to your procedure.

After your procedure, you will be taken into the recovery area and/or the patient lounge, where your escort will be allowed to stay with you. Because space is limited, and for other patients’ privacy, we allow only one escort at a time in the patient lounge.

Coffee, juice, soda, and crackers are provided for patients in the patient lounge. We ask that you please do not bring food from home.

You may need to be admitted to the hospital if:

- more extensive surgery was/is necessary,
- complications arose due to the anesthesia, or
For Your Safety

Prior to proceeding to the operating/procedure room the following will occur.

- You will be asked numerous times to verify your name, date of birth, doctor & procedure. Any discrepancies will be corrected.
- Your surgeon will visit you to mark the surgical site, if applicable, with a permanent marker.
- You are expected to be an active participant in the marking. You should feel comfortable voicing your opinion about discrepancies during the process.
- If there are multiple surgical sites, ALL areas should be marked.

Surgery for Children

Children are encouraged to bring a favorite toy or blanket with them. Parent(s) or legal guardians are required to stay with the child while in the preoperative area and the postoperative patient lounge. It will be necessary for parents to remain in the building while surgery is in progress. Should your child be in diapers and/or utilize a pacifier, bottle, or sipper cup, please bring them along to the Center.

If your child is under the age of 18, the Pennsylvania Department of Health requires that your pediatrician or family doctor give permission for the surgery to be performed in the outpatient setting. The child’s surgeon is responsible for obtaining this permission.

Facility Tours

Preoperative tours of the facility are available. Parents of children under the age of 12 will be contacted by a staff member of the Apple Hill Surgical Center to arrange an appointment for an optional tour of the facility. Other patients interested in touring the facility should call (717) 741-8255 to arrange an appointment.

After Your Discharge

You will be given specific written instructions regarding your care upon discharge from the Center. It is important to have your caregiver available during the post-procedure discharge instructions, as you may
experience difficulty remembering those instructions due to the type of anesthesia you may receive.

For your comfort and safety, we recommend:

- You have someone stay with you for the first 24 hours following your procedure.
- Take it easy until your doctor says you can return to your normal routine.
- Do not drive, operate machinery or power tools, drink alcoholic beverages, or take any medications not prescribed by your doctor for at least 24 hours following surgery.
- It is natural to experience some discomfort in the area of the operation. You may also experience some drowsiness or dizziness for the first 24 hours depending on the type of anesthesia you receive.
- Follow your doctor’s instructions regarding diet, rest, and medication.
- If you feel you are having problems after discharge, contact your doctor. If your doctor is not available, call the York Hospital Emergency Department at (717) 851-2311.
- It is very important to remember you must have a responsible person to drive you home.
- Taxi transportation is allowed only for patients having local anesthesia or if the patient is accompanied by an escort.
- If you have any questions, you may contact the Center at (717) 741-8250 from 6:30 a.m. to 5 p.m. Monday through Friday.

You may be contacted by Press Ganey, a nationally known research firm engaged by WellSpan Health, to follow up with you regarding the care you received during your stay. Your comments are very important to us and will help us improve our services and provide the finest care in outpatient surgery in York County.

A member of the Surgical Center staff will call you one to two business days after your procedure to check on how you are doing. If your procedure is on Friday, you will be called on Monday. If you prefer not to be contacted, please let us know before you are discharged.
Financial Information

You will receive a bill for the services provided by the Surgical Center and all WellSpan providers. This covers the supplies, equipment, personnel, and use of the procedure/operating room and recovery rooms.

You will receive separate bills for the following:
- Your surgeon, dentist, or podiatrist; (non-WellSpan).
- Anesthesia - if you received general anesthesia or required sedation administered by anesthesia personnel.

Billing for all WellSpan facilities and providers will be on one bill. As a convenience to you, our billing staff will make every effort to check your insurance coverage, based on the information that is given to us when scheduled. If our billing staff finds that you will be responsible for all or a portion of your bill, they may attempt to call you prior to your surgery. You may be given an estimate of any copayment or deductible your insurance company may require. Please be prepared to pay the copayments and deductibles on the day of the surgery. You are encouraged to contact your insurance company directly to find out about networks and what is covered by your plan. Any patients without insurance or whose insurance does not cover the procedure to be performed should also make arrangements to pay their facility fees on the day of the surgery. For your convenience, we accept cash, personal checks, VISA, MasterCard, Discover, and American Express. Payments may also be made online if you have an active My WellSpan account. We DO NOT accept Care Credit.

Regardless of the type of insurance you have, ultimate responsibility for the Surgical Center bill rests with the patient or guarantor. If your insurance company does not make payment within 60 days of submission, the account will become your responsibility, and payment in full will be required.

If you have any questions about your financial arrangements, you may contact WellSpan Customer Service at (717) 851-5005 or (877) 631-4262.
Financial Assistance Policy Plain Language Summary

As part of its charitable mission, WellSpan Health is committed to providing exceptional care for all members of the communities it serves. We recognize some patients and families may need financial assistance to help with the cost of health care. WellSpan Health offers financial assistance through its Financial Assistance Policy to ensure access to high-quality care for all.

Eligibility and Assistance Offered

In order to be eligible for free care or care at discounted rates, the patient and/or family must apply by completing a Financial Assistance Application. The decision to approve financial assistance will be based on a review of the individual’s or family’s income and assets. Proof of income – such as current pay stubs, Social Security, disability or other sources – is required. Additional information, such as copies of tax returns and/or bank statements, may be requested and may affect the decision. The Federal Poverty Guidelines, which are updated annually, are used to determine eligibility. Discounts ranging from 20% to 100% are available for services provided by WellSpan Health. WellSpan is committed to charging no more than the average of those amounts that are generally billed to patients in our communities who are eligible for financial assistance.

Applying for Financial Assistance

Patients and families wishing to apply for assistance may submit an application and supporting documentation to one of the WellSpan Patient Financial Services offices located in York, Adams, Lancaster and Lebanon counties. The application can be completed verbally or in writing. Should you need assistance completing the application, contact a Patient Financial Services office. The Financial Assistance Application can be found online at WellSpan.org/FinancialAssistance. In addition, printed copies of WellSpan Health’s entire Financial Assistance Policy and this Plain Language Summary, which is available in English and Spanish, may be obtained at no cost by visiting or calling one of the WellSpan Patient Financial Services offices.

Please note, prior to being granted financial assistance, you will be asked to exhaust all other insurances for which you are eligible, including private insurance and Pennsylvania’s Medical Assistance (Medicaid) program. If you are eligible, you must apply for a qualified health plan under the Affordable Care Act (ACA) or show rejection or exemption from such a plan. Failure to apply for coverage under the ACA will result in exemption from financial assistance. You may also contact one of the offices listed below for a copy of the application and to discuss any questions you might have. If eligible for assistance under the Financial Assistance Policy, eligibility will be maintained for one year from the date of determination. Financial assistance may not be available if you live outside of WellSpan Health’s primary service areas.
Notification

In an effort to make patients, families and the broader communities aware of WellSpan Health’s Financial Assistance Policy, we have taken a number of steps to widely publicize this policy, including posting of legible signage, development of this Plain Language Summary and distributing informational brochures at registration sites throughout our communities. If you need additional information or have questions, please contact a WellSpan Patient Financial Services office:

**York County**
WellSpan York Hospital  
1001 S. George St.  
York, PA 17405-7198  
(717) 851-6395  
Mon. – Thurs. 8 a.m. – 4:30 p.m.  
Fri. 7:30 a.m. – 4 p.m.

**Adams County**
WellSpan Gettysburg Hospital  
147 Gettys St., P.O. Box 3786  
Gettysburg, PA 17325-0786  
(717) 851-6395  
Mon. – Thurs. 8 a.m. – 4:30 p.m.  
Fri. 7:30 a.m. – 4 p.m.

**Lancaster County**
WellSpan Ephrata Community Hospital  
Customer Service Dept.  
169 Martin Ave., P.O. Box 1002  
Ephrata, PA 17522-1002  
(717) 738-6261  
Mon. – Fri. 8 a.m. – 4 p.m.

**Lebanon County**
WellSpan Good Samaritan Hospital  
Patient Financial Advocate 1st FL/PAS  
4th & Walnut St.  
Lebanon, PA 17042  
(717) 270-4881  
Mon. – Fri. 7:30 a.m. – 4:30 p.m.

**Philhaven**
Patient Financial Services  
283 S. Butler Rd., P.O. Box 550  
Mt. Gretna, PA 17064  
(717) 675-1111  
Mon. – Fri. 8 a.m. – 4 p.m.
Apple Hill Surgical Center Patient’s Bill of Rights

Apple Hill Surgical Center is committed to providing patient care in accordance with the list of Patient’s Rights which are required by federal and state law. In return, the facility expects that patients will act in accordance with the Patient’s Responsibilities which are listed at the end of this document. These rights and responsibilities apply to all patients and, when appropriate, their representatives. If you have any questions or concerns regarding these rights or responsibilities, please contact a member of the facility’s management staff.

Statement of Patient’s Rights

1. Each patient has the right to be informed of his rights as early as reasonably possible. Each patient has the right to know what facility rules and regulations apply to his conduct as a patient.

2. Each patient has the right to respectful care given by competent personnel.

3. Each patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

4. Each patient has the right to receive care in a safe setting which provides appropriate protection for the patient’s physical and emotional health and safety, and to be free from physical, verbal, and all other forms of abuse or harassment.

5. Each patient has the right to services that are available and medically indicated, without discrimination on the basis of race, color, national origin, ancestry, religious creed, age, gender, sexual preference, handicap, or the source of payment for his care. Because WellSpan Health is a charitable organization, each patient has the right to receive medically necessary services without regard to his ability or inability to pay for those services.

6. Each patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.

7. Each patient has the right to personal privacy concerning his own medical care. Because case discussions, consultations, examinations and treatments are considered confidential, each patient has the right to have them conducted discreetly.
8. Each patient has the right to have all records pertaining to his medical care treated as confidential, except as otherwise provided by law or third party contractual arrangements. Confidential medical records will be made available to persons who are directly involved with the patient’s care, as well as authorized personnel who monitor the quality of the patient’s care.

9. Each patient or his designee has the right, upon request, to review and receive copies of all information contained in his medical records within a reasonable time frame, unless access is specifically restricted by the patient’s physician for medical or other legally permissible reasons. The facility will actively seek to meet each patient’s legitimate request to gain access to his own medical records, as promptly as reasonably possible.

10. Each patient has the right to participate with his physician in the development and implementation of the patient’s plan of care. Unless not medically advisable, each patient has the right to obtain from his physician complete, current information concerning diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information will be made available to the patient’s next-of-kin or other appropriate person on the patient’s behalf. Each patient’s guardian, next-of-kin, or legally responsible representative has the right to exercise, to the extent permitted by law, these rights on behalf of the patient if the patient has been found incompetent in accordance with the law, is found by his physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his wishes regarding treatment, or is a minor.

11. Each patient has the right to expect emergency procedures to be implemented without unnecessary delay.

12. Each patient or his representative has the right to make informed decisions regarding his care. This includes the patient’s right to be informed of his health status, be involved in care planning and treatment, and be able to request or refuse treatment. This does not mean that the patient has the right to demand treatment or services which are medically unnecessary or inappropriate.

13. Except in emergencies, each patient has the right to have his physician obtain the patient’s informed consent prior to the start of any procedure or treatment for which informed consent is required, in accordance with the Medical Care Availability and the Reduction of Error Act.
14. Each patient or, in the event the patient is unable to give informed consent, a legally responsible representative has the right to be advised if a physician proposes that the patient participate in a medical research program or donor program, and the patient or his legally responsible representative must give informed consent prior to such participation. The patient or his legally responsible representative has the right to refuse to participate in such programs and, at any time, to refuse to continue participating in any such program to which he has previously given informed consent.

15. To the extent permitted by law, each patient has the right to refuse any drugs, treatment, or procedure offered by the facility, and to be informed by a physician of the medical consequences of his refusal.

16. Each patient has the right to assistance in obtaining consultation with another physician at the patient’s request and own expense.

17. Each patient has the right to be provided with an interpreter, whenever reasonably possible, if necessary to facilitate meaningful communication among facility staff and patients.

18. Each patient has the right to expect good management techniques to be implemented within the facility, considering the effective use of the patient’s time, and to avoid the personal discomfort of the patient.

19. Each patient has the right to be free from restraints and seclusion of any form that is not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by facility staff.

20. Each patient has the right to formulate advance directives (including directives regarding withholding resuscitating services and foregoing or withdrawing life-sustaining treatment). Apple Hill Surgical Center will not honor requests made by a patient and/or his representative to withhold cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. Advance Directive information will be made available to patient or representative upon discharge. Information is also available at www.wellspan.org. If you do have an Advance Directive, please bring a copy with you and we will scan the document into your WellSpan Health electronic medical record. Each patient has the right to be transferred to another facility or practitioner who will comply with such directives. Each patient has the right to appoint a surrogate to make health decisions on his behalf.
21. When medically permissible, each patient may be transferred to another facility, but only after he or his legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

22. Each patient has the right to expect that the facility will provide a mechanism whereby he is informed upon discharge of his continuing health care.

23. Each patient has the right, as part of the discharge planning process, to exercise freedom of choice regarding the selection of home health agencies and other entities who will provide post-discharge care.

24. Each patient has the right to examine and receive a detailed explanation of his bill, regardless of the source of payment for his care.

25. Each patient has the right to full information and counseling on the availability of known financial resources for payment of his health care.

26. Each patient has the right of access to an individual or agency who is authorized to act on his behalf to assert or protect the rights set forth in this Statement of Patient’s Rights.

27. Each patient, or his representative, has the right to submit a verbal or written grievance with the facility regarding alleged violations of the rights set forth in this Statement of Patient’s Rights. Each patient is encouraged to communicate any concern or complaint to the Director of Perioperative Services and/or designee of Apple Hill Surgical Center, either in person, in writing or by calling (717) 741-8250, who will attempt to informally resolve and respond to the concern or complaint. Each patient who is not satisfied with the response may submit a grievance to the WellSpan Senior Vice President of Ambulatory Services, either in person, in writing, or by calling the Care Line at (717) 851-2273 or (877) 232-5807. Upon receipt of a grievance, the organization will make reasonable efforts to achieve a prompt and fair review and resolution of the grievance and provide a written response to the patient. WellSpan Health will not discriminate or retaliate against any patient or his representative who submits a grievance.
28. Each patient, or his representative, has the right to submit a verbal or written grievance to the Pennsylvania Department of Health at any time, regardless of whether they first use the facility’s grievance process as described above. The Pennsylvania Department of Health may be contacted by writing to the Pennsylvania Department of Health, Division of Acute and Ambulatory Care, P.O. Box 90, Harrisburg, Pennsylvania 17108-0090, or by calling 1-800-254-5164.

29. Each patient, or his representative, has the right to submit a verbal or written grievance to the Office of the Medicare Ombudsman at any time, regardless of whether they first use the facility’s grievance process as described above. Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) or use www.cms.hhs.gov/center/ombudsman.

Nondiscrimination Notice

For Facilities Operated in Accordance with the Regulations of the Pennsylvania Department of Health

The Pennsylvania Department of Health complies with and enforces the laws and regulations which prohibit discrimination against employees and persons receiving services in facilities regulated by the Department.

Facilities and programs operated by, or services contracted with or paid for with funds provided by, the Commonwealth of Pennsylvania, Medicare or Medicaid, shall be provided without discrimination due to a person’s race, color, religious creed, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDS or HIV status or disability.

All Inquiries/Complaints Should Be Directed As Follows:

Civil Rights Complaints Involving Patients in Hospitals, Ambulatory Surgical Centers, and Abortion Facilities:

Division of Acute & Ambulatory Care
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Phone: (717) 783-8980
Fax: (717) 705-6663
Complaint Hotline: 1-800-254-5164
http://www.portal.state.pa.us/portal/server.pt/community/complaint_form/20164
Statement of Patient Responsibilities

Each patient at Apple Hill Surgical Center is expected to act in accordance with the following responsibilities:

1. In order for us to facilitate effective medical treatment, each patient will, to the best of his knowledge, provide timely, accurate and complete information to facility personnel and practitioners about the patient’s present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to the patient’s health history or care. If the patient is unable to effectively communicate with facility personnel or practitioners, representatives of the patient will make reasonable efforts to be available to facility personnel and practitioners in order to provide and receive information.

2. Each patient will work in a cooperative and mutually respectful manner with all facility personnel and practitioners; for example, by following their reasonable instructions and medical orders.

3. Each patient will ask questions if instructions, orders and/or procedures are not clearly understood, and will inform facility personnel and practitioners if the patient does not clearly comprehend a contemplated course of action or what is expected of him.

4. Each patient will refrain from taking drugs which have not been prescribed by the patient’s physician and administered by facility personnel, and will not consume alcoholic beverages or toxic substances the day prior to the procedure or during the patient’s stay.

5. Each patient will be considerate of other patients and facility personnel; for example, by assisting in the control of noise and limiting the number of visitors at any one time. Each patient will be respectful of the property of the facility and other persons.

6. Each patient will assume financial responsibility for all services rendered, either through government payors (Medicare or Medicaid), third party payers (employers, insurance companies, or managed care plans), or by personally paying for any services which are not covered by government or third party payers. Each patient will cooperate with the facility in identifying and seeking payment from all relevant government or third party payers. Each patient who believes he may be qualified for free or discounted services, based on his financial circumstances, will notify appropriate facility personnel.
Póliza de Asistencia Financiera en un Lenguaje Sencillo

Como parte de nuestra misión benéfica, el sistema de salud WellSpan está comprometido a proveer un cuidado excepcional a todos los miembros de las comunidades a las que servimos. Reconocemos que algunos pacientes y familias pueden necesitar asistencia financiera para ayudar con los costos de los cuidados de salud. El sistema de salud WellSpan ofrece asistencia a través de nuestra póliza de asistencia financiera con el fin de asegurar el acceso a un cuidado de alta calidad para todos.

Elegibilidad y tipo de asistencia que ofrecemos

Con el fin de calificar para obtener cuidados de salud gratuitos o a un costo con descuento el paciente debe completar una aplicación de asistencia financiera. La decisión para aprobar la asistencia financiera está basada en una revisión del ingreso y propiedades individuales o de la familia. Usted debe presentar una prueba de sus ingresos- como talonario de pago, seguro social, incapacidad u otros recursos. Información adicional como copias de sus declaraciones de impuestos y estados de cuentas bancarias, pueden ser solicitados y pueden afectar la decisión. El índice federal de pobreza, el cual es actualizado anualmente, es usado para determinar si califica. Los descuentos van de un 20% a 100% y están disponibles para servicios provistos por el sistema de salud WellSpan. Si un paciente califica para asistencia financiera, WellSpan se compromete a facturar no más del promedio de las cantidades que son generalmente facturadas a pacientes en nuestras comunidades que califican para asistencia financiera.

Aplicación para Asistencia Financiera

Los pacientes y familias que desean aplicar para asistencia financiera deben llenar una aplicación y presentar todos los documentos necesarios a una de las oficinas de servicios financieros del sistema de salud WellSpan, las cuales están localizadas en los condados de York, Adams, Lancaster y Lebanon (listados en la parte de debajo de esta página). La aplicación se puede completar verbalmente o por escrito. Si usted necesita asistencia para completar la aplicación, contacte a la oficina de servicios financieros para pacientes. La aplicación para asistencia financiera puede ser encontrada en el internet en WellSpan.org/FinancialAssistance. Las pólizas de asistencia financiera han sido escritas en un lenguaje sencillo y están disponibles en inglés y en español. Estas pólizas se pueden obtener sin costo, visitando o llamando a una de las oficinas de servicios financieros para pacientes de WellSpan.

Por favor tenga en cuenta que antes de concederle cualquier asistencia financiera, se le pedirá que usted trate todos los demás seguros para los cuales puede que usted califique, incluyendo seguros privados y el programa de asistencia médica de Pennsylvania (Medicaid). Si usted califica, debe aplicar para un programa calificado de salud bajo la ley de cuidado asequible [Affordable Care Act (ACA)] o muestre un rechazo/exclusión de ese plan. El no aplicar a cobertura bajo la ley de cuidado asequible (ACA) resultaría en una exclusión para recibir asistencia financiera. Usted puede también contactar a una de las oficinas listadas en la parte de abajo de esta página.
para solicitar una copia de la aplicación y para discutir cualquier pregunta que usted pueda tener. Si usted califica para asistencia bajo la póliza de asistencia financiera, la elegibilidad será mantenida por un año desde la fecha de la aprobación. La asistencia financiera puede no estar disponible si usted vive fuera del área de servicios primarios del sistema de salud WellSpan.

**Notificación**

Estamos haciendo un gran esfuerzo para que los pacientes, familias y nuestras comunidades tengan conocimiento de la póliza de asistencia financiera del sistema de salud WellSpan, por eso estamos utilizando diferentes medios de comunicación para hacer amplia publicidad de esta póliza. Estamos incluyendo publicaciones en lenguaje simple, avisos que pueden leerse fácilmente y distribución de folletos informativos en los sitios de registros a lo largo de nuestras comunidades. Si usted necesita información adicional o tiene preguntas contacte a la oficina de WellSpan de:

**York County**
WellSpan York Hospital
1001 S. George St.
York, PA 17405-7198
(717) 851-6395
Lun. – Jue. 8 a.m. – 4:30 p.m.
Vie. 7:30 a.m. – 4 p.m.

**Adams County**
WellSpan Gettysburg Hospital
147 Gettys St., P.O. Box 3786
Gettysburg, PA 17325-0786
(717) 851-6395
Lun. – Jue. 8 a.m. – 4:30 p.m.
Vie. 7:30 a.m. – 4 p.m.

**Lancaster County**
WellSpan Ephrata Community Hospital
Customer Service Dept.
169 Martin Ave., P.O. Box 1002
Ephrata, PA 17522-1002
(717) 738-6261
Lun. – Vie. 8 a.m. – 4 p.m.

**Lebanon County**
WellSpan Good Samaritan Hospital
Patient Financial Advocate 1st FL/PAS
4th & Walnut St.
Lebanon, PA 17042
(717) 270-4881
Lun. – Vie. 7:30 a.m. – 4:30 p.m.

**Philhaven**
Patient Financial Services
283 S. Butler Rd., P.O. Box 550
Mt. Gretna, PA 17064
(717) 675-1111
Lun. – Vie. 8 a.m. – 4 p.m.
Declaración de los derechos de los pacientes de Apple Hill Surgical Center

Apple Hill Surgical Center está comprometido a proporcionar atención a los pacientes de acuerdo con la lista de Derechos de los pacientes, los cuales son requeridos por la ley estatal y federal. A cambio, la institución espera que los pacientes actúen de acuerdo con las Responsabilidades de los pacientes, las cuales se encuentran enumeradas al final de este documento. Estos derechos y responsabilidades aplican a todos los pacientes y, cuando sea apropiado, a sus representantes. Si tiene alguna pregunta o preocupación acerca de estos derechos o responsabilidades, por favor comuníquese con un miembro del personal administrativo de la institución.

**Declaración de los derechos del paciente**

1. Cada paciente tiene derecho a que se le informen sus derechos tan pronto como sea posible. Cada paciente tiene derecho a conocer cuáles reglas y normas de la institución aplican a su conducta como paciente.

2. Cada paciente tiene derecho a recibir atención respetuosa de parte de un personal competente.

3. Cada paciente tiene derecho a recibir atención de buena calidad y con altos criterios profesionales que se evalúan y a los que se les da mantenimiento de forma continua.

4. Cada paciente tiene derecho a recibir atención en un entorno seguro, donde se le proporcione la apropiada protección a su salud y seguridad emocional y física, y que se encuentre libre de toda forma de abuso o acoso físico, verbal u otro.

5. Cada paciente tiene derecho a recibir los servicios que se encuentren disponibles y médicamente indicados, sin discriminación debido a su raza, color, nacionalidad, ascendencia, credo religioso, edad, género, preferencia sexual, discapacidad o la fuente de pago para su atención. Debido a que WellSpan Health es una organización caritativa, cada paciente tiene derecho a recibir los servicios médicamente necesarios sin importar su capacidad o incapacidad para pagar por dichos servicios.

6. Cada paciente tiene derecho, a solicitud, para que se le proporcione el nombre de su médico tratante, los nombres de todos los demás médicos que participan directamente en su atención y los nombres y funciones del demás personal de atención médica que tenga contacto directo con el paciente.
Cada paciente tiene derecho a su privacidad personal, con respecto a su propia atención médica. Debido a que es confidencial la discusión de casos, consultas, exámenes y tratamientos, cada paciente tiene derecho a que todo esto se trate con absoluta discreción.

Cada paciente tiene derecho a que todos los registros pertenecientes a su atención médica se traten de manera confidencial, excepto cuando la ley o acuerdos contractuales con terceros indiquen lo contrario. Los registros médicos confidenciales estarán disponibles para las personas que se encuentren involucradas directamente con la atención del paciente, así como el personal autorizado que supervise la calidad de la atención del paciente.

Cada paciente o su designado tienen derecho, a solicitud, de revisar y recibir copias de toda la información contenida en sus registros médicos dentro de un período de tiempo razonable, a menos que el acceso sea específicamente restringido por el médico del paciente debido a razones médicas y otras razones legalmente permisibles. La institución tratará lo más posible de cumplir con la legítima solicitud del paciente para obtener acceso a sus registros médicos, tan pronto como sea posible.

Cada paciente tiene derecho a participar con su médico en el desarrollo e implementación del plan de atención del paciente. A menos que no sea médicamente aconsejable, cada paciente tiene derecho a obtener de parte de su médico, información completa y actualizada con respecto a su diagnóstico, tratamiento y pronóstico, de manera razonable para que el paciente lo pueda comprender. Cuando no es médicamente conveniente proporcionar tal información al paciente, ésta estará disponible a los familiares del paciente o a la persona adecuada en representación del paciente. El tutor, familiar o representante legalmente responsable de cada paciente tiene derecho a ejercer, hasta lo permitido por la ley, estos derechos en nombre del paciente si éste fue declarado como incompetente de acuerdo a la ley, si su médico le encontró médicamente incapaz de comprender el tratamiento o procedimiento propuesto, si es incapaz de comunicar sus deseos acerca del tratamiento o si es un menor.

Cada paciente tiene derecho a recibir sin ninguna demora, los procedimientos de emergencia.
12. Cada paciente o su representante tienen derecho a tomar decisiones informadas con respecto a su atención. Esto incluye el derecho del paciente a que se le informe sobre su estado de salud, a estar involucrado en la planificación de su atención y tratamiento y a poder solicitar o rehusar un tratamiento. Esto no significa que el paciente tenga derecho a exigir un tratamiento o servicios que sean médicamente innecesarios o inapropiados.

13. Excepto en casos de emergencia, cada paciente tiene derecho a que su médico obtenga el consentimiento informado de parte del paciente, previo al inicio de cualquier procedimiento o tratamiento para el cual es necesario dicho consentimiento, de acuerdo con la Ley de negligencia médica en los servicios de atención médica Atencion Medica Accesibilidad y la Reducccion de Ley Error.

14. Cada paciente o un representante legal responsable, en caso que éste sea incapaz de proporcionar el consentimiento informado, tiene derecho a que se le informe si el médico propone que participe en un programa de investigación médica o un programa de donantes, y el paciente o su representante legal responsable deben otorgar su consentimiento previo a tal participación. El paciente o su representante legal responsable tiene derecho a rehusar su participación en tales programas y, en cualquier momento, rehusarse a continuar la participación en tal programa para el cual previamente habría otorgado su consentimiento informado.

15. En la medida en que la ley lo permita, cada paciente tiene derecho a rehusar cualquier medicamento, tratamiento o procedimiento ofrecido por la institución y a que un médico le informe sobre las consecuencias de su rechazo.

16. Cada paciente tiene derecho a recibir asistencia para obtener una consulta con otro médico, a solicitud del paciente y tales gastos correrán por su cuenta.

17. Cada paciente tiene derecho a que se le proporcione un intérprete, siempre que sea razonablemente posible, si fuera necesario, para facilitar una comunicación significativa entre el personal de la institución y el paciente.

18. Cada paciente tiene derecho a esperar que se apliquen buenas técnicas administrativas dentro de la institución, considerando el uso efectivo del tiempo del paciente y evitando el malestar personal del paciente.

19. Cada paciente tiene derecho a que se le mantenga libre de restric-
ciones y aislamiento de cualquier forma, que no sea médicamente necesario o que se utilice como medio de coerción, disciplina, conveniencia o represalia por parte del personal de la institución.

20. Cada paciente tiene el derecho de formular instrucciones previas (incluyendo instrucciones en relación a no realizar maniobras desresucitación y acerca de mantención o retiro de medidas paramantar el vida). Apple Hill Surgical Center no cumplirá solicitudes realizadas por un paciente y/o su representante para no realizar resucitación cardiopulmonar en el evento de una falla respiratoria o cardíaca. La información sobre las instrucciones previas están disponibles para el paciente o representante al momento del alta. La información también está disponible en http://www.wells-pan.org. Si usted tiene una directiva anticipada, lleve una copia con usted y vamamos a escanear el documento en su expediente médico electrónico WellSpan Salud. Cada paciente tiene el derecho de designar un suplente para realizar decisiones en su nombre.

21. Cuando sea médicamente permisible, cada paciente puede ser transferido a otra institución, solamente después que su representante legal responsable reciba la información completa y una explicación con respecto a las necesidades y alternativas para dicho traslado. La institución a la cual el paciente será transferido debe antes aceptar que el paciente sea transferido.

22. Cada paciente tiene derecho a esperar que la institución proporcione un mecanismo por medio del cual esté informado al momento de darlo de alta, de sus requisitos para la continuación de la atención médica posterior al alta del hospital y los medios para cumplirlos.

23. Cada paciente tiene derecho, como parte del proceso de planificación para dar de alta, a ejercer su libertad de elección con respecto a la elección de agencias de casas de salud y otras entidades que proporcionarán atención luego de darle de alta.

24. Cada paciente tiene derecho a examinar y recibir una explicación detallada de su factura, sin importar la fuente de pago de su atención.
25. Cada paciente tiene derecho a recibir información completa y asesoría sobre la disponibilidad de recursos financieros conocidos para el pago de su atención médica.

26. Cada paciente tiene derecho al acceso a una persona o agencia que estén autorizadas a actuar en su nombre para asegurar o proteger los derechos establecidos en esta Declaración de los derechos del paciente.

27. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito a la institución, con respecto a supuestas violaciones a los derechos establecidos en esta Declaración de los derechos del paciente. A cada paciente se le anima a comunicar cualquier preocupación o queja al Director administrativo o su designado en Apple Hill Surgical Center, ya sea en persona o por escrito, o bien, llamando al (717) 741-8250, quienes tratarán de resolverlo de manera informal y responder a su preocupación o queja. Cada paciente que no esté satisfecho con la respuesta, puede presentar un reclamo al Vicepresidente general de Servicios ambulatorios de WellSpan, ya sea en persona o por escrito, o bien, llamando a la Línea de atención al (717) 851-2273. Al recibir un reclamo, la organización hará los esfuerzos razonables para alcanzar una pronta y justa revisión y resolución del reclamo, y proporcionará una respuesta por escrito al paciente. WellSpan Health no discriminará o mostrará represalias contra ningún paciente o su representante que presenten un reclamo.

28. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito al Departamento de salud de Pensilvania en cualquier momento, sin importar si ellos utilizan primero el proceso de reclamos de la institución según como se describió anteriormente. Se puede poner en contacto con el Departamento de salud de Pennsylvania por escrito a esta dirección: Pennsylvania Department of Health, Division of Acute and Ambulatory Care, P.O. Box 90, Harrisburg, Pennsylvania 17108-0090, o llamando al 1-800-254-5164.

29. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito a la Oficina del Ombudsman de Medicare en cualquier momento, sin importar si ellos utilizan primero el proceso de reclamos de la institución según como se describió anteriormente. Visite www.medicare.gov o llame al 1-800-MEDICARE (1-800-633-4227) o visite www.cms.hhs.gov/center/ombudsman.
Declaración de las responsabilidades del paciente

Se espera que cada paciente en Apple Hill Surgical Center actúe de acuerdo con las siguientes responsabilidades:

1. Para que podamos facilitar un tratamiento médico efectivo, cada paciente, a su leal saber y entender, proporcionará oportunamente, información exacta y completa al personal de la institución y a los profesionales, acerca de las quejas actuales del paciente, enfermedades pasadas, hospitalizaciones, medicamentos, instrucciones anticipadas y otros asuntos relacionados con el historial y la atención del paciente. Si el paciente no es capaz de comunicarse efectivamente con el personal de la institución o los profesionales, los representantes del paciente realizarán esfuerzos razonables para estar disponibles para el personal de la institución y los profesionales, para poder proporcionar y recibir información.

2. Cada paciente trabajará de forma cooperativa y con respeto mutuo con todo el personal y los profesionales de la institución; por ejemplo, seguir las instrucciones razonables y las órdenes médicas.

3. Cada paciente realizará preguntas si las instrucciones, órdenes o procedimientos no se comprenden de forma clara e informarán al personal de la institución y a los profesionales y los profesionales, si el paciente no comprende con claridad el curso de la acción contemplada o lo que se espera de él.

4. Cada paciente evitará tomar medicamentos que no le haya recetado su médico ni administradas por el personal de la institución, y tampoco consumirá bebidas alcohólicas o sustancias tóxicas el día anterior al procedimiento o durante su estadía.

5. Cada paciente considerará a los demás pacientes y al personal de la institución; por ejemplo, colaborando con el control de ruido y limitando el número de visitantes en todo momento. Cada paciente será respetuoso de la propiedad de la institución y de las demás personas.

6. Cada paciente asumirá la responsabilidad financiera por todos los servicios prestados, ya sea a través de los pagos del gobierno (Medicare o Medicaid), de terceros pagadores (empleadores, compañías de seguro o planes de servicios médicos administrados) o pagando personalmente cualquier servicio que no esté cubierto por estos pagadores. Cada paciente cooperará con la institución al identificar y buscar el pago de parte de todos los pagadores relevantes del gobierno o terceros. Cada paciente que crea que pueda estar calificado para recibir servicios gratuitos o con descuento, en base a sus circunstancias financieras, lo notificará al personal apropiado de la institución.
A DISCLOSURE TO PATIENTS WHO HAVE BEEN REFERRED TO APPLE HILL SURGICAL CENTER

The professionals listed below are Limited Partners in Apple Hill Surgical Center Partners, which owns and operates Apple Hill Surgical Center. WellSpan Health also has ownership interest in Apple Hill Surgical Center. If you have been referred to Apple Hill Surgical Center for treatment and have questions about the ownership interest of any of these parties, please contact your physician. If you would prefer to utilize a treatment facility other than Apple Hill Surgical Center, your physician will assist you in making other arrangements, subject to any relevant criteria set by your payor and/or relevant treatment facilities.

DIVULGACIÓN PARA LOS PACIENTES QUE FUERON REFERIDOS A APPLE HILL SURGICAL CENTER

Los profesionales enumerados a continuación, son Socios limitados en Apple Hill Surgical Center Partners, quien posee y opera Apple Hill Surgical Center. WellSpan Health también cuenta con un interés de propiedad en Apple Hill Surgical Center. Si usted fue referido a Apple Hill Surgical Center para un tratamiento y tiene preguntas acerca de los intereses de propiedad de alguna de estas partes, comuníquese con su médico. Si prefiere utilizar otra institución de tratamiento que no sea Apple Hill Surgical Center, su médico le ayudará a realizar otros arreglos, sujeto a cualquier criterio importante establecido por su pagador o instituciones de tratamiento relevantes.

Physician Investors - Médicos inversionistas
(Updated 03/2019) - (Actualizado el 03/2019)

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<th>Veneranda Alvear</th>
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<td>Glenn Amsbaugh</td>
<td>Denise Kenna</td>
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Driving Directions to Apple Hill Surgical Center

From Harrisburg & northern York County
• Head south on I-83S toward York
• Take Exit 14 (Leader Heights)
• Turn right on Leader Heights Rd.
• Turn right on S. George St.
• Turn left on Monument Rd.
• Turn right into parking lot at Entrance 2 immediate right to Entrance G

From Lancaster & eastern York County
• Head west on US 30W toward York
• Turn left on N. Hills Rd.
• Turn right onto E. Market St.
• Merge onto I-83S toward Baltimore
• Take Exit 14 (Leader Heights)
• Turn right on Leader Heights Rd.
• Turn right on S. George St.
• Turn left on Monument Rd.
• Turn right into parking lot at Entrance 2 immediate right to Entrance G

From Baltimore & southern York County
• Head north on I-83N
• Take exit 14 (Leader Heights)
• Turn left onto Leader Heights Rd.
• Turn right on S. George St.
• Turn left on Monument Rd.
• Turn right into parking lot at Entrance 2 immediate right to Entrance G

From Hanover & Adams County
• Head east on US 30E/Lincoln Hwy toward York
• US 30 will turn into W. Market St.
• Turn right onto Richland Ave.
• Turn left on Country Club Rd.
• Turn right on Grantley Rd
• Turn left on Monument Rd
• Turn left into parking lot at Entrance 2 immediate right to Entrance G
LOCATION:
25 Monument Rd, Suite 270
York, PA 17403

ENTRANCE G

TELEPHONE:
Reception desk: ...........................................................(717) 741-8250
TTY/TDD for hearing impaired: ..............................(717) 741-8171
Preoperative Instructions: ........................................(717) 741-8631
WellSpan Health Customer Service (Billing): ...........(717) 851-5005
                                  or 1-877-631-4262
WellSpan Health Registration Call Center: .............(717) 851-5363
                                  or 1-800-664-4695

www.wellspan.org/AHSC