

NY ORTHOPEDICS

130 East 77th Street

New York, NY 10075

Tel: 212-737-3301 Ext: * Fax: 914-725-6972

Dear

Below is some helpful information about the upcoming surgery with Dr. Bedford:

Surgery Date:

Location: **SurgiCare of Manhattan**
800 Second Avenue, 7th floor; New York, NY 10017

Medical Reports: Please visit your primary physician for your pre-operative medical clearance.
Your physician should fax the following to Jasmin Laboy at 914-725-6972

REPORTS **BEFORE**
The completed Pre-operative Medical Evaluation Forms
including the results of your Bloodwork & EKG

Consent: Your consent will be signed by you on the day of your procedure.

Pre-Surgery Diet: **Do Not Eat or Drink Anything After Midnight, the Night Before Surgery:**
The night before surgery, you should take your last solid food by 9:00 p.m.
You may have clear fluids from 9:00 p.m. to 12:00 midnight.
On the morning of surgery, nothing should be taken, not even water.
(IF YOU HAVE BEEN INSTRUCTED TO TAKE A MEDICATION,
PLEASE TAKE IT WITH A SMALL SIP OF WATER ONLY)

Post-Op
Appointments: Dr. Bedford would like to see you 7-10 days post-operatively. Please call our office
ASAP to schedule a post-operative appointment.

Accompaniment: New York State law requires that patients undergoing Outpatient surgery must be
accompanied by someone to escort them home from the hospital.

SurgiCare of Manhattan will contact you the day before surgery to
discuss the details of your arrival time, pre-surgery diet requirements, etc.

Please do not hesitate to call me at 914-725-1713 if you have any questions.
We will do our very best to make this a pleasant and most successful experience.

Sincerely yours,

Jasmin Laboy
Surgical Coordinator

NY ORTHOPEDICS

130 East 77th Street

New York, NY 10075

Tel: 212-737-3301 * Fax: 212-734-0407

Pre-Operative Instruction Sheet

Aspirin and all products that contain aspirin must be stopped one (1) week before your surgery. If your primary care physician or internist has placed you on aspirin or medications containing aspirin for any reason, please alert them that you will be discontinuing Aspirin.

Anti-Inflammatory medications. for example, Advil, Aleve, Ibuprofen, etc... must be stopped 4 (four) days before your surgery. If you are unsure about what you are taking, please consult our office and speak with your Doctor or a Physician's assistant.

Dietary Supplements / Herbal Supplements must be stopped one (1) week before surgery. This would specifically include Vitamin E and Echinacea. These could potentially cause problems with bleeding. Please call our office if you have any questions.

Food must be discontinued at least eight (8) hours prior to surgery. Please DO NOT eat or drink ANYTHING, even water, after 12:00 am (midnight) the night before your surgery. Even if someone from the hospital calls and says it is OK to do so, please do not. If you need to take medication the morning of your surgery, you may take a sip of water only.

Alcohol and other mind-altering substances MUST be discontinued 24 hours prior to surgery.

Medications: If you take medication for Hypertension, cholesterol, Diabetes, asthma, etc., please consult with your Primary Care Physician regarding what you should take the morning of your surgery. This medication may be taken with a small sip of water only.

Braces, Crutches or any other equipment your Doctor has given you must be brought to the hospital on the day of your surgery.

Films (MRI's and / or X-Rays): Please bring all films that are in your possession to the hospital the day of your surgery. If your films are in our office, our office will transport them to the hospital.

Transportation: Please make arrangements to have a family member or friend escort you home from the hospital after your surgery. The hospital will not discharge you without an escort. You cannot drive yourself home after surgery.

Jewelry / Hair Accessories should be left at home on the day of your surgery (these include wedding rings and / or any body piercing. You can wear scrunges or an elastic hair tie as long as they do not have metal in them. No barrettes or bobby pins are allowed.

SurgiCare of Manhattan

800 2nd Ave; 7th floor (between 42nd & 43rd)

New York, NY 10017

Phone: 212-867-0609

- **You should be contacted by the Center 1-2 days prior to surgery regarding pre-operative instructions.**
- **Please bring photo ID.**
- **There is plenty of parking in the area.**
 - **44th street parking lot (between 2nd and 3rd)**
 - **41st street parking lot (2nd Ave)**

SurgiCare of Manhattan

800 2nd Ave., 7th floor
New York, NY 10017

Please fax results to:

914-725-6972
Jasmin

**PHYSICIAN'S ORDER FORM
FOR PRE-ADMISSION TESTING**

Date of Surgery:
Patient's Name:
Surgeon's Name: Benjamin B. Bedford, M.D.

TEST RESULT SUBMISSION:

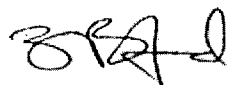
- **No tests required for healthy patients without medical problems.**
- The patient's name, testing date and date of birth must appear on every test document
- All laboratory tests must be performed by a CLIA (Clinical Laboratory Improvement Act) approved laboratory. Lab tests are good for 30 days prior to surgery.
- In the absence of recent medical problems, chest X-ray is valid for six months and ECG is valid for 3 months.

ICD 9 Codes

Must indicate reason/diagnosis for all testing
Please refer to the next page for a list of the ICD 9 codes.

No testing Ordered or Required

Laboratory Tests	INDICATOR	ICD-9 CODES
<input type="checkbox"/> BMP (BUN, Na, K, Cl, Glu, Creat, Ca, CO2) <input checked="" type="checkbox"/> CMP (Alb, TBIL, Ca, CO2, Creat, Glu, AlKP, TP, Na, SGOT, BUN, SGPT, Cl, K) <input type="checkbox"/> Potassium level	Patient has been diagnosed with renal disease Patient is taking a diuretic drug that can cause hypokalemia or any other drug that can cause electrolyte abnormalities Patient is taking digoxin ESRD patients on dialysis	
<input checked="" type="checkbox"/> CBC		
<input checked="" type="checkbox"/> PT/PTT/NR	Patients whose surgery is likely to be performed under regional anesthesia and are taking or have recently taken anticoagulant drugs	
<input checked="" type="checkbox"/> Urinalysis		
<input type="checkbox"/> HCG Serum <input type="checkbox"/> HCG Urine	If the patient is a woman of childbearing age	
<input checked="" type="checkbox"/> ECG Age is not a factor.	Patient has at least 1 risk factor (Ischemic heart disease, Renal disease, Cerebrovascular disease, Diabetes, Hx. Of heart failure)	
<input type="checkbox"/> Chest X - Ray Chest Xray is not required if patient's condition is stable	Patients who have chronic pulmonary disease (emphysema, bronchitis, asthma), chronic congestive heart failure or who have experienced a recent exacerbation of symptoms deviating from a stable state	
<input type="checkbox"/> Sleep study	Patient with diagnosis of or symptoms suggestive of obstructive sleep apnea if appropriate for age, unless determined by Otolaryngologist, Neurologist or Pulmonologist	



Date: _____ Time: _____

M.D. Signature: _____ UPIN# _____

NY Orthopedics
130 East 77th Street, 5th Floor, William Black Hall
New York, NY 10075
Phone: 914-725-1713 Ext: * Fax: 914-725-6972

Dear

Patient

Date of Surgery

Surgeon

Benjamin B. Bedford, M.D.

Insurance Carrier

Policy ID Number

Pre-Authorization Number

The purpose of this letter is to inform you of your Financial Responsibility that we gathered from your insurance carrier. We also want to reconfirm that we have the correct current insurance carrier and policy information on file.

Please note that the surgeon's charge does not include the hospital or anesthesia charges. We only verify your medical benefits coverage and eligibility. This does not guarantee that these benefits are the same as, or if it applies to, your hospital/facility coverage. We will also obtain the necessary pre-authorization for the surgery and the facility where the surgery will be done. The hospital/facility will call for their own verification of benefits coverage and eligibility.

According to your insurance company, you have a \$N/A deductible. You will be responsible for ANY/ALL unsatisfied deductible. After you have satisfied the deductible, the insurance will cover the fees at N/A% of their Usual and Customary Rate (UCR). You will be responsible for the remaining % co-insurance. Unfortunately, your insurance will not disclose to us the exact amount of what they will reimburse. According to your insurance carrier's disclaimer, this is not a guarantee of payment until the claim is received and reviewed for payment based on your eligibility and benefits at the time the claim processed. ANY/ALL remaining balance after the insurance makes their payment will be your responsibility.

The hospital and anesthesia claim will be sent directly and separately to your insurance company from the facility's billing department. If you have any questions or you want to verify the hospital and anesthesia coverage and participation, please call your insurance carrier. Also, if you want to get an estimate of the hospital and anesthesia charges, please call the SurgiCare of Manhattan Financial Screening Department or Pre-Registration Department at 212-419-1016.

You are more than welcome to call your insurance company if you need further clarification about your benefits, coverage, and financial responsibility.

We will bill the insurance first for the surgeon's charges and thereafter send you a bill for your financial responsibility. Our system automatically generates a bill to you when we send the claim to your insurance company for the surgeon's charges. So, do not be alarmed when you receive a bill for the surgeon's charges billing you for the full amount. We will send you another bill after your insurance company sends us the payment. If you receive the payment from the insurance company, please endorse the check to the surgeon and mail it to: NY Orthopedics, Attn: Billing Dept., 130 E. 77th St. 5th Floor, New York, NY, 10075

Kindly call me back to confirm that we have the correct insurance information and acknowledge that you have received and understood what this letter entails. Should you have any further questions or concerns, please do not hesitate to contact me at the office. Thank you.

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Jasmin Laboy
Surgical Coordinator
914-725-1713

Patient Signature _____
Patient Name:
Date: