

BREVARD SURGERY CENTER PATIENT'S RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of patient's rights and responsibilities are given to all patients verbally and in writing prior to the day of surgery. These rights and responsibilities are as follows:

A patient has the right to:

- Be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for their personal privacy.
- Be free from all forms of abuse or harassment.
- Receive care in a safe setting.
- Exercise his or her rights without being subject to discrimination or reprisal.
- Participate in decisions involving his or her health care, except when such participation is contraindicated for medical reasons.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know that the health care entity does not require authorization by the patient for treatment and payment purposes.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information concerning diagnosis, evaluation, treatment, alternatives, risks and prognosis, to the degree known. This may be provided to your next-of-kin or guardian if you are incapable of understanding the information.
- Refuse any treatment, except as otherwise provided by law.
- Request their health care information in an electronic format if desired. If properly authorized, the same information may be given to the patient's designee.
- Approve or refuse release of records, except when release is required by law.
- Be notified following a breach of unsecured health information.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- To know if eligible for Medicare, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Change their provider if other qualified providers are available.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Receive after hours and emergency care.
- Information concerning implementation of any advance care directive.

- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- Appropriate information regarding the absence of malpractice insurance coverage.
- To know that all physicians, anesthesia and staff have been credentialed according to the nationally recognized standards and are competent to perform the treatment and procedures for which they have privileges.
- Right for patient or surrogate to express grievances regarding any violation of his or her rights, treatment or care that is (or fails to be) furnished, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency without fear of reprisal.
- To exercise civil and religious liberties and no religious beliefs or practices shall be imposed upon you.

The patient is responsible for:

- Providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, including over-the-counter products and dietary supplements, any allergies or sensitivities and other matters relating to his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Providing information about and/or copies of any living will, power of attorney or other advance directives that you desire us to know about.
- Accept his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible and accepting personal financial responsibility for any charges not covered by his or her insurance.
- Following health care facility rules and regulations affecting patient care and conduct.
- Keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- Being respectful of all the healthcare professionals and staff, as well as other patients.
- Providing a responsible adult to transport him or her home from the facility and remain with him or her for twenty-four (24) hours, if required by his or her physician.

Transparency

Each patient is entitled to understand his bill for medical services. Therefore, we provide itemized bills that explain what your insurance covers for all procedures and exams in our offices. If you are scheduled to have a surgical procedure, we will verify insurance coverage prior to the procedure being scheduled and provide you with an itemized estimated statement of charges, insurance payments and your financial responsibility. You are entitled to receive services from our provider of contact your insurance company for a list of providers in your insurance plan network.

If you would like more information about charges of optometrists and ophthalmologists, the State of Florida compiles a database of national and state pricing. You can view the website here <http://pricing.floridahealthfinder.gov>

If you have a financial obligation beyond the benefits of your insurance plan, you will be provided a patient statement along with the Explanation of Benefits provided by your insurance company. At any time, you may request a copy of the fees for service that we charged or will charge to your insurance company.

Patient Statements will be sent out to any patient that has a balance or financial responsibility each month there is a balance due to the practice by the patient. In the event the insurance company pays for services and your account develops a credit balance, once all services are rendered and paid the practice will issue the patient a refund.

Each patient statement or quote for fees charged will contain contact information for our billing department. You may contact us by email, phone or by visiting our main office in Melbourne.

Contact Information:

Email: BillingDepartment@brevardeye.com

Phone: 321-984-3200

Office: Brevard Eye Center

665 S. Apollo Blvd

Melbourne, FL 32901

<http://pricing.floridahealthfinder.gov>;

Right to Estimate. The center shall provide an estimate upon request of the patient, prospective patient, or legal guardian for nonemergency medical services.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate may be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities,
2. A statement advising the requestor that the actual cost may exceed the estimate,
3. The web address to financial assistance policies, charity care policy, and collection procedure,
4. A description and purpose of any facility fees, if applicable,
5. A statement that services may be provided by other health care providers who may bill separately,
6. A statement, including a web address if different from above, that contact information for health care practitioners and medical practice groups that are expected to bill separately is available on the center's website; and,
7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the center provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request.

(c) A personalized estimate must include the charges specific to the patient's anticipated services.

Right to Itemized statement or bill. The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

- (a) A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d), F.S.;
- (b) Contact information for health care practitioners or medical practice groups that are expected to bill separately based on services provided; and,
- (c) The center's contact information for billing questions and disputes.

FILING A SUGGESTION, COMPLAINT, OR GRIEVANCE:

If you have a suggestion or complaint against a health care professional or the ambulatory surgical center, or to receive a complaint form, [call the Director of Nursing at 321-984-3200](tel:321-984-3200).

To file a formal complaint with the State of Florida call or write:

Consumer Assistance Unit at: 2727 Mahan Drive, Building 1 Tallahassee, FL 32308 1-888-419-3456

www.ahca.myflorida.com or doh.state.fl.us

Or contact the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov/center/ombudsman.asp