MOHS & SKIN
SURGERY CENTER

Dear Patient,

Enclosed in this packet is necessary information you will need for your procedure at Mohs and Skin Surgery Center, LLC. **Please ensure the paperwork is complete prior to your procedure and bring all completed paperwork with you on the day of your appointment. Please read all instructions on preparing for your surgery day.**

We have included a parking pass for you to place on your dashboard the day of your procedure. Failure to clearly display pass in your car's front windshield may result in a parking citation and/or your car may be towed. Please write the date of your procedure on your parking pass.

Thank you for your cooperation as we attempt to ensure a smooth and comfortable experience for you. If you have any questions or concerns, do not hesitate to contact the office at 410-252-9090.

Sincerely,

Office Staff

Galleria Towers | 1447 York Road | Suite 301 | Lutherville | MD 21093 | 410.252.9090 | 410.494.7064 fax

ACMS American College of Mohs Surgery

How to prepare for your surgery:

- Take all your medications as directed, including blood thinners, unless otherwise directed by your physician.
- If you take Aspirin for PREVENTION ONLY (no history of stroke, heart attack, blood clots, atrial fibrillation), please stop taking it 10-14 days before your surgery.
- Stop taking the following supplements and medications 10-14 days before your surgery: fish oil, vitamin E, vitamin C, turmeric, ginger, Ibuprofen, **ALEVE, EXCEDRIN** and alcohol.
- Arrange to have someone either accompany you or drive you to your appointment. This is not mandatory, but recommended, especially if your site is in an area that may impact your ability to drive.
- Eat a full breakfast before coming to our office. You may also bring snacks, lunch and/or drinks with you.
- Fill out all paperwork that is enclosed in this packet.
- **If you normally require antibiotics before surgical procedures (with a history of heart valve surgery or recent joint replacement), take them as directed by your physician.**

What to expect the day of your surgery:

- Prepare to spend **ALL DAY** in our office. **DO NOT PLAN ANY OTHER APPOINTMENTS OR IMPORTANT ACTIVITIES LATER IN THE DAY.** We cannot predict how long you will be in the office because we cannot predict how many layers will be required to remove the cancer. On average, patients spend between 3 and 5 hours at our office, but it can be longer or shorter.
- Lidocaine is used for local anesthesia, unless you have an allergy. You will be awake for the entire surgery and able to communicate with the surgeon and clinical team.
- Most of the time you spend in our office will be spent waiting for the lab to process your tissue. The lab takes about one hour to process each layer of tissue, but it can be longer or shorter.
- During the times you are waiting, you will be in our surgical waiting room. You will also be free to leave to get food or coffee. There are food options within walking distance.
- Depending on the size and location of the cancer, we may use stitches to close the wound. The length of the scar line is usually much longer than the spot appears, but we do everything in our ability to give you a great result long term. You will have a follow up visits throughout the wound healing process until both you and the physician are satisfied with the result.

What to expect after your surgery:

- Written wound care instructions will be given to you and explained in detail before you leave.
- You will have a heavy pressure dressing over the surgical site that will need to stay in place and dry for 1-3 days.
- After the initial 1-3 days, gently wash the surgical site with soap and water and dress it twice daily. In preparation for your surgery, you might consider purchasing antibacterial soap (Dial or any other brand), non-stick dressings (Telfa), paper tape, and Vaseline/Aquaphor. These can be found at drug stores in the first aid aisle.
- **YOU WILL NOT BE ABLE TO EXERCISE OR PERFORM HEAVY LIFTING FOR A MINIMUM OF 1-2 WEEKS**. Additional restrictions may be added depending on specific patient situations.
- **DO NOT PLAN ANY TRAVEL FOR THE FIRST 1-2 WEEKS AFTER YOUR SURGERY**. Stitches usually need to be removed in this time frame, and rare complications such as bleeding, infection, pain, etc may occur in the first 1-2 weeks after the surgery. We would prefer that you remain in town in case these occur, so we can give you the best care possible.

SCSP PARKING VALID:

DATE: ______________________________

The parking pass is only valid for the date issued.

Failure to clearly display this pass in your car's front window may result in a parking citation and/or your car may be towed.

MOHS AND SKIN SURGERY CENTER, LLC.
1447 York Road
Suite 301
Lutherville, Maryland 21093
Phone: 410-252-9090 Fax: 410-494-7064

Dear Patient,

The purpose of this letter is to provide you with some information regarding the services offered to you by Mohs and Skin Surgery Center, LLC.

Mohs and Skin Center, LLC. is one of the few Medicare certified surgical facilities in Baltimore County. Medicare certification of our facility indicates that the facility is in compliance with the strict standards of care established by Medicare for ambulatory surgical facilities. Most insurance companies and HMO's use the rigorous standards of Medicare certification as their own criteria for excellence in this area. The facility is constructed in compliance with life safety requirements and appropriately equipped for the types of surgeries performed in the center. The center has equipment necessary for anesthesia services and emergency equipment and drugs to respond to emergencies which may arise in the facility. The staff is appropriately trained and fully oriented to the policies and procedures of the facility.

Having your surgical procedure completed at Mohs and Skin Surgery Center, LLC. provides many advantages to you. It is normally more convenient for you to have your surgery completed here in a familiar setting with familiar faces. Your choice of having your surgical procedure completed at Mohs and Skin Surgery Center, LLC. may prove to be more cost effective to you and your insurance carrier. In addition to your surgeon bill for the Mohs surgery, there will be a charge from our facial reconstructive surgeon for the repair. Your insurance company will be billed for each along with the facility fee, just as a hospital or ambulatory surgical facility does, but in many instances our fee is less than the fees charged in other settings. *After your insurance processes your claim, you will be responsible for any deductibles, copays, and coinsurances. Mohs and Skin Surgery Center, LLC. will only bill you the amount due per your Insurance company's explanation of benefits.*

We hope you find using Mohs and Skin Surgery Center, LLC. both comfortable and convenient. We encourage you to ask any questions you may have regarding facility.

My options have been explained to me and I agree to have my surgical procedure completed at Mohs and Skin Center, LLC.

__________________________________ ____________________________

Signature of Patient or Guardian Witness

____

Date

MOHS AND SKIN SURGERY CENTER, LLC.
1447 York Road
Suite 301
Lutherville, Maryland 21093
Phone: 410-252-9090 Fax: 410-494-7064

PATIENT NAME: ____ DATE OF BIRTH: __________________

I know that I have a health problem that requires diagnosis and/or treatment or surgery. Therefore, I voluntarily consent to my admission and treatment at Mohs and Skin Surgery Center, LLC.

I authorize the release of any medical information to process insurance claims related to this admission.

I am aware that my physician may have ownership interest in Mohs and Skin Surgery Center, LLC. If I choose to go to another health care facility for this procedure, it will not adversely affect my relationship with my surgeon.

For purposed of quality and peer review, I authorize Mohs and Skin Surgery Center, LLC. to allow its representative to review my surgical chart and associated documents.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize payment directly to Mohs and Skin Surgery Center, LLC. of the health insurance benefits otherwise payable to me during this or any future hospitalization. I acknowledge that I can reverse this authorization at any time. Within 24 hours, a claim will be filed with your health insurance carrier. You will be notified when final action (payment, denial, etc.) has been received.

I have read and understand the terms of the above policy statement.

____ _______________________
Patient or Authorized Signature Date

____ _______________________
Relationship Witness

MOHS AND SKIN SURGERY CENTER, LLC.

PATIENT NAME: ____ DATE OF BIRTH: __________________

I hereby acknowledge I have been advised of the following surgery center practices and policies:

1. I have received a verbal explanation and have been offered a written copy of the Patient Bill of Rights. Initial______

2. I have received information regarding facility financial policies and I was offered a copy of the Facility Financial Policy. Initial______

3. I have received information regarding the facility Privacy And Confidentiality Policy. I was offered a written copy Initial______

4. I have received information regarding the surgery center advance directives policy. I was advised I could receive a copy of the official State advance directives form. Additionally, I have been advised that should I have advance directives, I may bring them to the surgery center and they will be placed in my medical record. I was advised the surgery center does not recognize advanced directives. Initial______

   Do you have advance directives? Yes___ No___

   Patient provided the surgery center with a copy of their Advance Directives. Yes___ No___

5. I have been advised that Saif Syed, MD. Has ownership or financial interest in the surgery center. Initial______

____ ________________________

Signature Date

____ ________________________

Witness Date

HEALTH HISTORY

NAME: ____AGE: _______SEX: _______HEIGHT: _______WEIGHT: _______

NAME, ADDRESS & PHONE NUMBER OF PRIMARY CARE PHYSICIAN:

____

____

PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS TAKEN:

NAME OF MEDICATION AMOUNT (DOSAGE) HOW OFTEN

1.____ 5. ____

2.____ 6. ____

3.____ 7. ____

4.____ 8. ____

Additional medications:

DO YOU HAVE ANY DRUG ALLERGIES? YES_______ NO_______

LIST ALLERGIES____

DO YOU SMOKE? YES_____ NO_____ HOW MUCH________ HOW MANY YEARS______ **SMOKELESS TOBACCO**? YES___ NO___

FORMER SMOKER? YES_______ NO_______ YEAR QUIT__________

DO YOU DRINK ALCOHOL? YES_______ NO_______ HOW MUCH__________ HOW MANY YEARS_______

DO YOU HAVE ANY BLEEDING RISKS OR ARE ON BLOOD THINNERS? YES_______ NO_______

FAMILY HISTORY:____

____

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING? (PLEASE CIRCLE THOSE THAT APPLY)

High blood pressure	Asthma	Stroke/TIA	Kidney stones	Gout
Atrial fibrillation	COPD	Seizures	Kidney disease	Osteoporosis
Anemia	Emphysema	Parkinson's	Kidney transplant	Multiple Sclerosis
Congestive heart failure	Sleep apnea	Alzheimer's	Prostate cancer	Arthritis/RA
Heart attack/MI	Lung cancer	Dementia	Frequent UTI's	Diabetes
Angina	Pneumonia	Dizziness	Bladder Cancer	Thyroid disease
High Cholesterol	Bronchitis	Paralysis	Liver disease	Lupus
Swollen legs/ankles	Tuberculosis	Crohn's	Hepatitis	Fibromyalgia
Blood clot(s)	Chronic cough	Diverticulosis	Liver transplant	Sepsis
Pacemaker/Defibrillator	Hay Fever	Irritable bowel		Sickle cell disease
Bleeding disorder	Shortness of breath	Reflux		Carpal Tunnel
Varicose veins		Ulcers		
		Hernia		

HAVE YOU HAD SURGERY BEFORE? YES_______ NO_______ IF YES, LIST BY PROCEDURE & DATE:

____

(LIST OTHERS ON BACK OF FORM)

DO YOU HAVE ANY IMPLANTED DEVICES? YES______ NO______ IF YES, PLEASE LIST HERE____

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY HAD AN UNUSUAL REACTION TO ANESTHESIA? IF YES, PLEASE DESCRIBE:____

PATIENT SIGNATURE____ DATE________________

RN SIGNATURE____ DATE________________

MD SIGNATURE____ DATE________________

PATIENT'S RIGHTS AND RESPONSIBILITIES

The services of the ambulatory surgery center shall be available to all individuals regardless of race, color, creed, sex, religion or national origin. All patients and their families shall be treated with respect, consideration and dignity.

All patients are encouraged to actively participate in their medical and surgical treatment plan. Patients shall be provided with all relevant information concerning their diagnosis, treatment and prognosis. When necessary or appropriate this information will be available and discussed with an appropriate patient designatee or legally authorized patient representative.

Representatives from the ambulatory surgery center will ensure the following information has been made available to each patient, both verbally and in writing, in a language and manner that the patient or the patient's representative understands:

1. Mohs and Skin Surgery Center, LLC. provides dermatologic and plastic surgical and diagnostic services. Patients shall be advised should the facility fail to maintain malpractice insurance.

2. The provisions regarding the normal hours of operation of the ambulatory surgery facility and specific directions to address after hours emergency concerns or issues which may arise. The patient, or the patient's representative, shall receive both written and oral discharge instructions providing guidance and appropriate telephone numbers to accomplish after hours contact

3. The patient shall receive clear and concise information regarding the procedures planned, the anticipated outcome or results, and the consequences of refusing treatment or not complying with the established treatment plan. There shall be a written, signed and witnessed surgical consent obtained prior to each surgical or diagnostic procedure performed in the facility.

4. The ambulatory surgery center shall not provide treatment to unemancipated minors not accompanied by an adult. The minor's parent, legal guardian or properly designated and pre-authorized representative must be present at the facility prior to an unemancipated minor receiving treatment in the facility. A pre-authorized patient representative must be designated in writing by the minor's parent or legal guardian prior to the date of surgery.

5. The patient shall be advised if the proposed treatment is experimental research. The patient shall be provided full and complete explanation regarding the procedure, the prognosis for success and alternatives. The patient shall have the right to refuse experimental research procedures, as well as any course of treatment with which they do not agree or approve. Patients may change their primary or specialty physician.

6. Each patient shall receive information regarding the fees associated with the use of the facility prior to the date of their procedure. The patient shall be advised of the ambulatory surgery center's policy regarding the processing of insurance forms, the payment of patient co-pays and deductibles and the policy concerning balance billing for services rendered. Patients shall be provided with appropriate privacy throughout the delivery of healthcare services.

7. All information provided to the patient concerning the ambulatory surgery center shall accurately reflect the facilities competence, capabilities, licensure, certification, and accreditation.

8. I have been advised that Saif Syed, M.D. has a financial interest or ownership of Mohs and Skin Surgery Center, LLC.

9. Patients, or the patient's representative, will be advised in advance of the date of the procedure with information concerning the facility policies on advanced directives, including a description of applicable State health and safety laws, and, if requested, a copy of the official State advance directive forms. Patients may have advanced directives regarding their healthcare. Surgical center staff will inquire as to whether a patient has advanced directives and discuss the impact of such Advanced Directives on the patient's healthcare services to be provided by the surgery center. In the event of an emergent medical event occurring during your surgical procedure, you will be stabilized and 911 will be called to transport you to the closest hospital. The surgery center does not recognize Advanced Directives.

10. The surgery center has a grievance policy which provides a mechanism for the filing of grievances or complaints with the facility management. All alleged grievances or complaints will be addressed by the Medical Director within forty-eight hours. Any grievance or complaint relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, will be documented. The individual filing the alleged grievance or compliant will receive a written response within one week. Substantiated allegations will be reported to the State authority or the local authority, or both. All grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished will be immediately investigated and documented. The surgery center will document how the grievance was addressed, as well as, provide the patient with written notice of its decision. The decision will contain the name of the surgery center contact person, the steps taken to investigate the grievance, the results of the grievance process and the date the grievance process was completed.

    Grievances or complaints may be directed to the administrator, in writing or by telephone at 410-252-9090.

    Grievances or complaints regarding the surgery center may also be directed to the Maryland State Department of Health and Mental Hygiene, Office of Health Care Quality, Program Manager, Ambulatory Care Services, 7120 Samuel Morris Drive, 2nd Floor, Columbia, Maryland 21046 or at 800-492-6005 or 410-402-8040 by email at www.dhmh.maryland.gov/ohcq or by completing a written Compliant Report Form available from the ambulatory surgery center management.

    Additionally, grievances or complaints may be filed on the Web site for the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.

11. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal; to voice grievances regarding treatment or care that is (or fails to be) furnished; to be fully informed about a treatment or procedure and the expected outcome before it is performed.

12. If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

    If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

13. The patient has the right to personal privacy, receiving care in a safe manner, and being free from all forms of abuse or harassment.

14. The surgery center will comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR, parts 160 and 164.

15. Information regarding provider credentialing will be maintained by the surgery center and shall be available to patients upon request.

ADVANCE DIRECTIVES INFORMATION SHEET

What You Should Know About Advance Directives

Everyone has the right to make personal decisions about health care. Doctors ask whether you will accept a treatment by discussing the risks and benefits and working with you to decide. But what if you can no longer make your own decisions? Anyone can wind up hurt or sick and unable to make decisions about medical treatments. An advance directive speaks for you if you are unable to and helps make sure your religious and personal beliefs will be respected. It is a useful legal document for an adult of any age to plan for future health care needs. While no one is required to have an advance directive, it is smart to think ahead and make a plan now. If you don't have an advance directive and later you can't speak for yourself, then usually your next of kin will make health care decisions for you. But even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.

What can you do in an advance directive?

An advance directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or do not want, especially the treatments often used in a medical emergency or near the end of a person's life.

1. Health Care Agent. Someone you name to make decisions about your health care is called a "health care agent" (sometimes also called a "durable power of attorney for health care," but, unlike other powers of attorney, this is not about money). You can name a family member or someone else. This person has the authority to see that doctors and other health care providers give you the type of care you want, and that they do not give you treatment against your wishes. Pick someone you trust to make these kinds of serious decisions and talk to this person to make sure he or she understands and is willing to accept this responsibility.

2. Health Care Instructions. You can let providers know what treatments you want to have or not to have. (Sometimes this is called a "living will," but it has nothing to do with an ordinary will about property.) Examples of the types of treatment you might decide about are:

- **a**. Life support -- such as breathing with a ventilator
- **b.** Efforts to revive a stopped heart or breathing (CPR)
- **c**. Feeding through tubes inserted into the body
- **d.** Medicine for pain relief

Ask your doctor for more information about these treatments. Think about how, if you become badly injured or seriously ill, treatments like these fit in with your goals, beliefs, and values.

How do you prepare an advance directive?

Begin by talking things over, if you want, with family members, close friends, your doctor, or a religious advisor. Many people go to a lawyer to have an advance directive prepared. You can also get sample forms yourself from many places, including the ones given as examples at the end of this information sheet. There is no one form that must be used. You can even make up your own advance directive document. To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign. If you name a health care agent, make sure that person is not a witness. Maryland law does not require the document to be notarized. You should give a copy of your advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed. Copies are just as valid as the originals. You can also make a valid advance directive by talking to your doctor in front of a witness.

When would your advance directive take effect?

Usually, your advance directive would take effect when your doctor certifies in writing that you are not capable of making a decision about your care. If your advance directive contains health care instructions, they will take effect depending on your medical condition at the time. If you name a health care agent, you should make clear in the advance directive when you want the agent to be able to make decisions for you.

Can you change your advance directive?

Yes, you can change or take back your advance directive at any time. The most recent one will count.

Where can you get forms and more information about advance directives?

There are many places to get forms, including medical, religious, aging assistance, and legal organizations. Three places are shown below, but these are just examples. Any of these forms are valid in Maryland, but not all may be in keeping with your beliefs and values. Your advance directive does not have to be on any particular form.

Call The Maryland Attorney General's Office	Call Caring Connections (NHPCO)	Call Aging with Dignity
410-576-7000 or 1-888-734-0023	**1-800-658-8898**	**1-800-594-7437**
www.oag.state.md.us/healthpol/adirective.pdf	**www.caringinfo.org**	**www.agingwithdignity.org**