



CYPRESS

Surgery Center

Dear Patient-

Here at Cypress Surgery Center (CSC) we take medication delivery very seriously. We believe that you, the patient, are a key member of the team that needs to be involved in enhancing accuracy of your treatment. In order to provide the highest quality safe care, we would like to document the most accurate and complete list of your current medications. This would include the name, dose and frequency of each medication you take. We ask that you go on line to One Medical Passport www.onemedicalpassport.com and document your medications on our electronic system at your convenience. This will save a lot of time when checking you in to Pre Op. If you are unable to do this, since this information is detailed and may be difficult to remember, we ask you to bring all current medication bottles (including multi-vitamins, herbals, special creams or lotions, laxative and any other over the counter remedies you take) with you when you come for your surgery. If you are unable to bring the bottles, please bring in an updated medication list including all of the above information.

When you arrive at CSC, you will be asked to review the information we have regarding your medications in our medical record and to edit it for accuracy.

When you leave our facility, we will give you an updated list of your medication for you to take to your next provider of care.

We are dedicated to providing the highest quality, safest care possible, and we appreciate your partnership to support us in achieving this goal. Please feel free to contact us at our Pre Op department 316-858-1179 with any questions. Please leave a message if we are caring for our patients and unable to answer the phone right away.

Sincerely,

David Grainger, MD
Medical Director
Cypress Surgery Center

Cypress Surgery Center

Financial Policy

We at Cypress Surgery Center are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship. We are pleased to discuss our fees with you at any time and can be reached at (316)634-0404.

We will require a copy of your insurance card(s) and your driver's license for our records. It is your responsibility to notify us of any changes in your insurance information.

INSURANCE:

We, Cypress Surgery Center, will bill participating insurance companies as a courtesy to you. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Benefits will be pulled prior to your Procedure Date. You are responsible for any deductible and the balance of your bill after the insurance plan pays its percentage and /or up to the allowed benefit. **Payment for your responsibilities will be due at least 3 business days prior to your Procedure Date. This will include all COPAYS, CO-INSURANCE or DEDUCTIBLES. If payment is not made 3 business days prior to procedure date, you may be asked to reschedule your procedure.**

SELPAY:

Payment is expected 3 days in advance, if payment is not made prior to procedure date you may be asked to reschedule you procedure.

PAYMENTS:

We accept cash, checks, MasterCard, Visa and CareCredit.

You may also receive additional billing from any of the following for services during your visit:

1. Cypress Surgery Center
2. Physician
3. Anesthesia
4. Pathology / Lab

I understand my financial responsibility to Cypress Surgery Center and understand that by signing this policy I agree to the above mentioned terms that I am responsible for any payment(s) of medical care and services provided to the patient.

I authorize Cypress Surgery Center to file my insurance on behalf of the insured.

I understand that my account must remain in good standing in order to continue this option.

I understand and agree to this Financial Policy.

Patient Signature _____ **Date** _____
(Parent or Guardian)

Witness Signature _____ **Date** _____