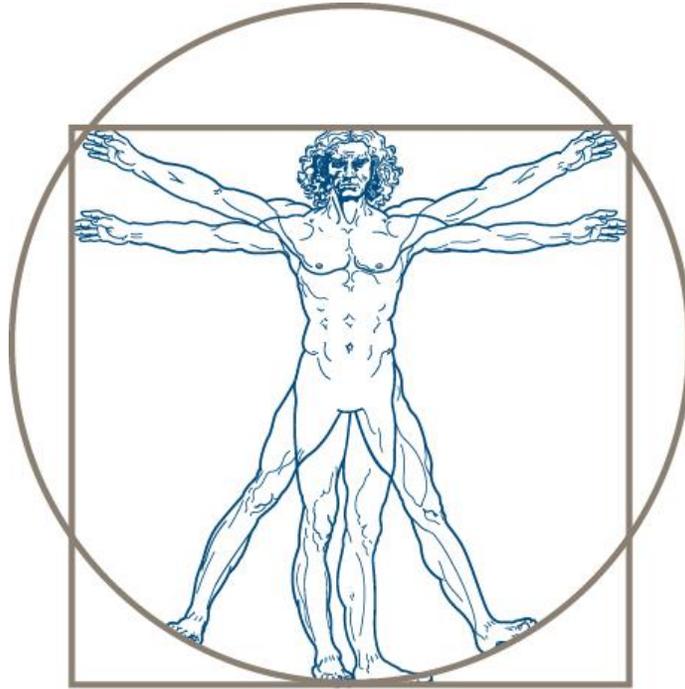


# THE PAIN TREATMENT CENTER, INC.

d/b/a

STONE ROAD SURGERY CENTER



## PATIENT INFORMATION GUIDE

280 Pasadena Drive  
Lexington, Kentucky 40503  
(859) 278-1316

Visit us on the Web at  
[www.pain-ptc.com](http://www.pain-ptc.com)

## **MISSION**

The mission of the Pain Treatment Center (“the Center”) is to provide a quality, cost-effective, multidisciplinary approach in treating the pain patient in order to improve the patient’s quality of life.

*The Pain Treatment Center, Inc. is accredited by:*



Dear Patients and Families:

The Pain Treatment Center (“the Center”) takes pride in its ability to help those difficult cases in which conservative therapy has ultimately failed. In these special cases, the Center’s staff believes they can bring some relief to those individuals who have been told there is no hope.

This booklet is being provided to answer the most commonly asked questions by our patients. We sincerely hope that it will be helpful, but feel free to ask for further assistance from your healthcare providers, the Center’s Chief Operations Officer or other staff when necessary.

#### **CENTER RULES AND REGULATIONS**

You are responsible for following the Center’s rules and regulations affecting patient care and conduct.

#### **RESPECT AND CONSIDERATION**

You are responsible for being considerate of the rights of other patients and Center personnel, and for assisting in the control of noise, smoking, and the number of visitors. You are responsible for being respectful of the property of other persons and of the Center.

### **PATIENT’S RESPONSIBILITIES**

#### **PROVISION OF INFORMATION**

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your conditions to the responsible practitioner or clinical staff member. You are responsible for making it known whether you clearly understand the course of action and what is expected of you.

#### **COMPLIANCE WITH INSTRUCTIONS**

You are responsible for following the instructions and treatment plan recommended by the practitioner responsible for your care. You are responsible for keeping appointments, and when you are unable to do so for any reason, you are responsible for notifying the Center in a timely manner.

As a patient at this facility, we expect that you will:

- Ask your physician or nurse what to expect regarding pain and pain management.

- Discuss pain relief options with your physicians and nurses.
- Work with your physician and nurse to develop a pain management plan.
- Ask for pain relief when pain first begins.
- Help your physician and nurse assess your pain.
- Tell your physician or nurse if your pain is not relieved.
- Tell your physician or nurse about any concerns you have about taking pain medication.

### **REFUSAL OF TREATMENT**

You are responsible for accepting the medical consequences if you refuse treatment or do not follow the practitioner's instructions.

### **CENTER CHARGES**

You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

## **ABOUT THE PAIN TREATMENT CENTER**

Dr. Ballard Wright<sup>1</sup> founded The Pain Treatment Center in 1991. The Center is the largest freestanding facility in the Mid-South dedicated to the treatment of pain.

The clinical staff consists of a closely coordinated team of nurses, radiological technicians, and surgical technicians who work with our affiliated pain management physicians, including anesthesiologists, neurologists, and physiatrists. Our goal through treatment is to provide you pain relief and improvement in your quality of life.

## **FOR YOUR COMFORT AND CONVENIENCE**

### **FOOD SERVICE**

Vending machines are available in the front lobby to provide a variety of snacks and drinks.

### **RESTROOMS**

Restrooms are available in the front lobby to the left of the registration office.

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<sup>1</sup>In the interest of full disclosure, Dr. Ballard Wright is the owner of both the surgery center and the affiliated physician practice, Ballard Wright, MD PSC

## **LOST AND FOUND**

You may check on lost items by contacting the Switchboard Operator.

## **TELEVISION**

Television programming in the Center’s lobby is provided by AccentHealth Television Network. This programming offers useful health news information covering a wide range of healthy lifestyle topics. The topics covered include the following: diet, exercise, disease prevention, and useful news on the latest healthcare research breakthroughs.

## **SMOKING**

Smoking is only permitted in the smoking pavilion located at the end of the parking lot.

Our **SMOKE FREE** policy applies to all persons within the facility. This policy has been adopted to comply with fire safety codes and with the Lexington-Fayette Urban County Government’s smoking ban. The Medical Staff does provide assistance to those patients who desire to stop smoking. Please discuss your request with your physician. In addition, literature on ways to stop smoking can be given to you on request.

## **TELEPHONE**

A telephone is available in the lobby for **local** phone calls **only**. You must dial “9” to get an outside line.

## **PARKING**

Patients and visitors may park in our parking lot. Please do not leave a vehicle in the parking lot overnight without telling a staff member. **Please do not block access to Handicap Parking or the Handicap Ramp.**

- To review medical records pertaining to personal medical care within a reasonable time frame, usually within 30 business days of the request. See **Medical Records**, pg 10.
- A reasonable response to a request for appropriate and medically indicated treatment. This may require transfer to another medical facility.
- To be informed about business relationships amongst the facility, doctors, and others that may influence your treatments and care.
- To consent or decline to participate in the Center’s research studies.
- Reasonable continuity of care.
- To be informed of facility policies and practices, such as how to resolve billing concerns.
- To be advised of the facility’s grievance process, should you wish to communicate a concern regarding the quality of care you receive. See **Grievance Process** as described under *Special Resources*.
- That all facility personnel and medical staff members performing patient care activities shall observe these patient’s right.
- To understand and use these rights. If there is a problem with understanding these rights and you need help, the facility staff will try to provide assistance, including finding an interpreter, if necessary.

## **PATIENT'S RIGHTS**

You have the right to:

- Receive treatment without discrimination as to race, color, religion, gender, national origin, disability, sexual orientation, or source of payment.
- Receive considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment.
- Be informed of your rights as a patient in advance of or when discontinuing care.
- Appropriate assessment and management of pain.

As a patient at this facility, you can expect:

- Information about pain and pain relief measures including benefits, risks, and explanation of all charges.
- A concerned staff committed to pain prevention and management.
- Health professionals who respond to reports of pain and provide clear answers to questions.
- Your reports of pain will be received by caring and concerned staff.
- Dedicated pain relief specialists.
- To know the name of the physician who has primary responsibility for coordinating your care, and the names and professional relationships of other physicians and healthcare providers who will see you.
- To receive as much information about any proposed treatment or procedure as you may need, in order to actively participate in decision making and give informed consent or refuse the course of treatment. You may also include family in this decision making process as necessary. This information shall include a description of the procedure or treatment, the medically significant risk involved in the treatment, alternative course of treatment or non-treatment and the risk involved in each, and to know the name of the person who will carry out the procedure or treatment.
- To have an Advance Medical Directive, a Living Will or Durable Power of Attorney. The Pain Treatment Center reserves the right, however, not to honor Do Not Resuscitate orders.
- Every consideration of privacy
- Confidentiality for all communications and records pertaining to treatment, except as otherwise agreed to by patient and allowed under HIPAA.

## **GENERAL INFORMATION REGARDING APPOINTMENTS**

### **SURGERY CENTER HOURS**

The Center's operating hours are 7:30 a.m. to 5:00 p.m. Monday through Friday.

### **SCHEDULING APPOINTMENTS**

Please schedule your next appointment with the scheduler prior to leaving the facility. By doing so, you will be able to ensure that your appointment date and time is convenient for you.

Occasionally the scheduler may not be available when you leave the Center after an appointment. You should receive an appointment reminder in the mail approximately 7-10 days after your visit. If you do not receive the appointment reminder, please notify the Scheduling Department as soon as possible. Remember, the longer you wait to schedule your appointment the more difficult it will be to get the day of your choice.

## **ARRIVAL TIME**

The Center operates on a strict schedule. We expect you to arrive 30 minutes before all procedures.

**Patients who fail to be on time for their procedures risk not being seen.** In that case, your procedure will be rescheduled.

## **PATIENT INSTRUCTION MATERIALS**

You should receive an instructional sheet from the scheduler at the affiliated physician practice when you are given an appointment for a procedure. Also, other patient education materials are available in the front lobby regarding a variety of subjects, which include medications, exercise, emotional disorders, and diseases. Many of these materials may be obtained in English or Spanish. If you desire information about a subject or procedure, please ask your physician or a member of the Center's clinical staff.

## **REGISTRATION ON THE DAY OF SURGERY**

- On the day of your surgery, be sure to bring:
  - Your insurance card and your driver's license or picture ID.
  - Your co-pay and deductible required by your insurance (cash, check, or credit card—MasterCard, Visa, or Discover.
  - Your Guardianship, Power of Attorney, Health Care Surrogate, or Living Will documents (if applicable to your situation).
  
- A deposit of \$500 is required for self-pay patients. If you are unable to pay this fee, please contact our Billing Dept. at (859) 278-1316, ext. 284, Monday through Friday, 8:00 a.m.- 4:30 p.m. prior to date of service for arrangements. Patients may still receive a bill for any additional amount due. Payment at the time of service is only an estimated amount due.

## **CANCELLATION OF APPOINTMENTS**

If you realize you will be unable to keep your scheduled appointment, please contact the Scheduling Department to cancel and reschedule your appointment as soon as possible. When you call, please inform the scheduler of the **reason** for the cancellation and a brief message providing your name, social security number, and date of birth.

## **APPOINTMENT REMINDER PHONE CALLS**

All patients who are scheduled for a procedure are called by a staff member seven (7) days prior to appointment and are given the opportunity to ask questions. In addition, our computer automated system will call you with date, time, and location 48 hours in advance of your appointment.

## **APPROVAL/DENIAL OF YOUR PROCEDURE**

The Center will contact your insurance company regarding the authorization for your procedure. We will attempt to obtain authorization up to three (3) working days prior to your procedure appointment. If authorization is not obtained, you will be notified. It is very important the Center has your **correct address and phone number** to be able to contact you regarding these changes.

You may receive a denial letter from your insurance company. Please inform the Center if you receive a denial. It is ultimately the patient's responsibility to make sure that the services rendered will be covered by your insurance. Therefore, the center urges you to contact your insurance company and discuss the denial with them. You still have the right to have your procedure, even if your insurance company denies it. However, you will then be responsible for the cost of the procedure.

### **GRIEVANCE PROCESS (COMPLAINTS)**

If a patient, family member or visitor to our facility has an issue with service, that individual may contact our switchboard operator by dialing 0, or ask an employee to speak with their Supervisor. If the Supervisor is not available, then the complaint should be taken by our Operations Department personnel or COO, if available, who will document the complaint and then give the complaint to the appropriate supervisor or administrator to investigate the issue. Within a few days of the complaint, the individual who made the complaint should talk with administration or the supervisor of the department; and, no later than two weeks after initiating the complaint, the individual should receive a response about the findings and the outcome of the problem. If the individual initiating the complaint does not get such responses, the Center asks that individual to please contact the Center's operator and ask to speak with the supervisor or Operations Department. Patients may also contact the Joint Commission or, Cabinet for Health and Family Services (CFHS) Office of Inspector General (OIG) Division of Healthcare regarding any comments or concerns about the Center. The Joint Commission may be contacted by website at [www.jointcommission.org](http://www.jointcommission.org) or by phone at 800-994-6610 (customer service) or 630-792-5800 (complaints), and the CFHS OIG Division of Health Care, Eastern Branch at (859) 246-2301 or [EEB.Complaints-Reports@ky.gov](mailto:EEB.Complaints-Reports@ky.gov). Furthermore, if you are a Medicare patient and have comments or concerns, you may contact the Medicare Beneficiary Ombudsman at 1-800-MEDICARE (1-800-633-4227) or [Medicare.gov](http://Medicare.gov).

## **SPECIAL RESOURCES**

Additional services (i.e. physical therapy, behavioral medicine, etc.) are available through your physician or referring physician.

### **SPIRITUAL COUNSELOR**

Should you have a need, your spiritual advisor is welcomed at the Center.

### **TRANSLATION SERVICES**

If there is a need for an interpreter of a specific language, we need to know the request prior to your visit so that arrangements can be made for services.

### **BILLING QUESTIONS**

All co-pays are due at time of service. You may be charged a fee for missing an appointment without notifying the Center.

The staff of the Billing Department understands that patients may have difficulty interpreting billing statements. The Staff is available to assist patients with billing problems and questions as needed. Please notify Registration or Nursing of your need, so arrangements can be made for you to talk with a member of our Billing Department.

## **MEDICAL RECORDS**

You have the right to obtain a copy of your medical records. You must sign an **Authorization for Release of Records**. A copy of your medical records will be available within 30 days to be picked up or mailed. A patient is allowed to have one free copy of his/her medical records, or he/she can authorize that a free copy be provided to another recipient (i.e. attorney). There will be a fee for any duplicate copies requested.

## **PATIENT SATISFACTION SURVEY**

At registration, the scheduler will give you a Patient Satisfaction Survey to complete. This is your opportunity to communicate your concerns about all aspects of care. A suggestion and comment box is also available in the lobby for patients and families.

## **REQUESTS TO ACCOMPANY PATIENTS DURING PROCEDURES**

Patient confidentiality is respected at the Center. It is the policy of the Center that families and significant others are not allowed to accompany patients into the patient's procedure; instead, they may wait for the patient in the Center's waiting area. However, if you have a special need or request, please address this with your nurse. The request must come from the patient.

## **PRE-PROCEDURE INSTRUCTIONS**

Please read the following Pre-procedure Instructions:

- **DRIVER REQUIRED:** You will be required to have a responsible adult driver for this procedure. This driver must be present when you check in and he/she will be required to sign a form stating that he/she is responsible for driving you home. If you are taking a Non-Medical Taxi to your procedural appointment, you will also need a responsible adult to accompany you in the taxi. If you do not have a driver, your procedure will be cancelled.
- **BLOOD THINNERS:** Please tell us in advance if you are taking **COUMADIN/WARFARIN, LOVENOX/HEPARIN, PLAVIX, PLETAL, TRICLID** or **ASPIRIN**. Patients who are taking these medications are at special risk for severe bleeding during their procedures. Normally, your pain management doctor will stop these medications five (5) days prior to any procedure. However, you must always talk with your prescribing doctor before stopping these drugs. **NEVER STOP ANY OF THESE WITHOUT TALKING WITH THE PRESCRIBING DOCTOR.**
- Unless otherwise instructed, you may eat a light breakfast and/or lunch (cereal, toast, fruit). You may drink clear liquids (water, tea, coffee, apple or cranberry juice).
- Take all of your usual morning medications with the exception of any blood thinners/aspirin.
- **DIABETICS:** Take your regular diabetic medications the morning of your procedure. Eat a light breakfast and/or lunch before coming for your procedure. **BRING A SNACK AND YOUR INSULIN.**
- Bring a list of your medications (including all over the counter and nutritional supplements). Include the doses and the instructions. If you choose to bring your actual medications, keep them in your possession at all times. The Center is not responsible for lost or stolen medications.
- Please notify us if you are pregnant or suspect you may become pregnant.
- Notify your physician within five (5) days of your procedure date of any changes in your physical condition, such as a cold or sore throat. Also, if you have developed a fever, any signs of infection, any flu-like symptoms or are placed on antibiotics.

- To ensure cleanliness and reduce the risk of infection, please bath/shower with anti-bacterial soap the night before and morning of your procedure.
- Wear comfortable clothing and flat shoes.

If you do not follow the above instructions then your procedure may have to be cancelled. Please call (859) 278-1316 ext 252 with any questions concerning these instructions or your scheduled procedure.

### **VALUABLES**

Please **DO NOT** wear jewelry or bring valuables to the center as the Center is not responsible for lost or stolen items.

### **AFTER HOUR EMERGENCIES**

Please refer to your discharge instructions for specific problems/complications that could arise. If you suspect a problem that is not an emergency, please call during office hours as soon as possible so that your problem can be taken care of early in the day. If a medical emergency arises after hours, call 911.

### **PROCEDURE FOLLOW UP CALLS**

A discharge instruction sheet will be discussed with you prior to the procedure and a copy given to you upon discharge from the recovery room. The instruction sheet has a list of potential problems that can occur as a result of the procedure. You and your caregiver should be aware of these problems and contact the Center's nurse within 24 hours to ask any questions. The recovery room nurse will contact you the next working day after your procedure is performed. It is very important the nurse speaks with the patient to assess your progress. Please make sure the nurse has a phone number where you can be contacted for this follow-up call.

### **QUESTIONS FOR YOUR PHYSICIAN**

Your involvement in your care is very important to us. You should prepare a list of questions for your physician prior to your procedure.

### **CORRECT CONTACT AND INSURANCE INFORMATION**

Because it is very important that we be able to contact you for various reasons, we must be informed of any changes in your address or telephone number as soon as possible. To ensure proper billing of your procedure, please contact the Billing Department with insurance changes as soon as they occur.

### **CHANGE OF PRIMARY CARE PHYSICIAN**

It is our policy to maintain correspondence with your primary care physician. Please inform our office if you change your primary care physician, so that we can maintain continuity of care.

## **SPECIAL RESOURCES**

You will be provided forms during your first visit, which require your signature and understanding. The forms include the following:

- **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed. It also describes how you may have access to this information.

- **Acknowledgement/Consent Form**

This form requires your initials to indicate that you were provided the Notice of Privacy Practices. Your initials also indicate that you consent to treatment, to use and disclosure of protected health information, to exposure of blood testing, and the assignment of insurance benefits and payment for services rendered.

- **Advanced Directives**

On this form you acknowledge whether or not you have Advanced Directives. If you are interested in having information regarding Advanced Directives, it will be provided for you upon request. It is the Center's policy that Advanced Directives will not be honored.

**Important:** You are responsible for and acknowledge your understanding of the information provided when you sign your name or initials to these forms.