



LubbockHeart
& SURGICAL HOSPITAL

EBOLA PRECAUTIONS

Please answer the following questions and return to the Admission Personnel.

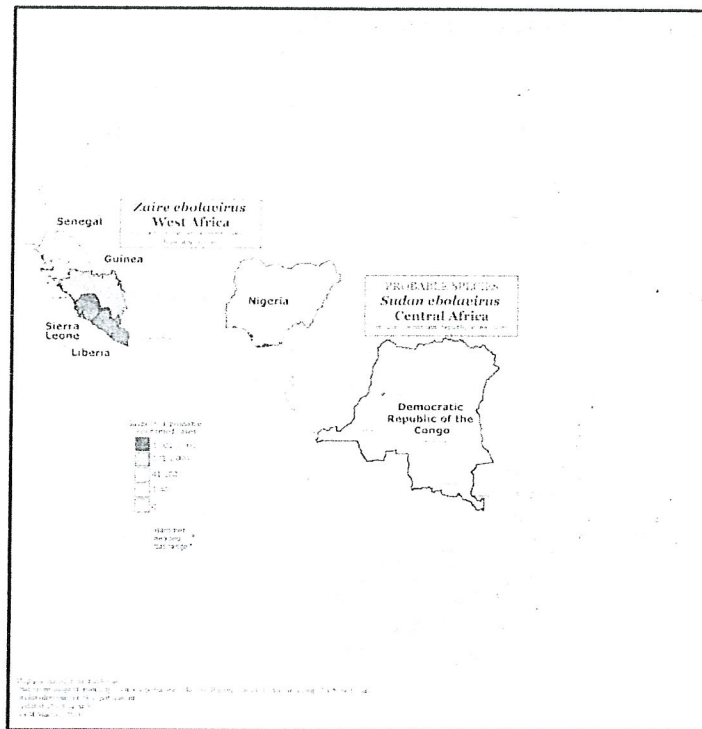
1. Have you traveled to any of the countries shown below within the past 21 days?
Yes No
2. Have you been exposed to anyone known to be contaminated with the EBOLA virus?
Yes No

If you answered "Yes" to any of the above questions, you will be asked to complete further screening.

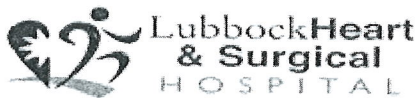
Please sign and return to the Admission personnel.

Patient Signature

Date and Time



Please place patient sticker here
Scan to Pt chart



Register Today

Patient's Name

Patient's e-mail address

Last 4 digits of patient's SS#

Please circle one:

(Yes) please send me an invite to **My Lubbock Heart**





(No) thank you. I decline the invitation to **My Lubbock Heart**



Patient Signature

Date: _____

My Lubbock Heart  is a great way to access your medical visit on-line. You have access to your lab results, your medication list, and your patient education, all in your own secure account. You can access **My Lubbock Heart**  through your computer or your smart phone.

*Minors & their proxies are not currently eligible for the portal.

**By signing I acknowledge that Lubbock Heart and Surgical Hospital is releasing my medical records in electronic form and that if I share the e-mail, this invitation will be open to the parties with whom I share that e-mail. Once I establish my secure connection, there will be no concern, as I will protect my information with a password.

For Internal Use Only

Invite sent by: _____ Date sent: _____

Decline logged by: _____ Date logged: _____

FIN: _____

MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

R_x

☐ LABEL
REFILL 0 1 2 3 4 5 PRN NR

SIGNATURE _____

CONSENT TO TREATMENT & CONDITIONS OF ADMISSION

CONSENT AND AUTHORIZATION: The undersigned has been informed of the treatment considered necessary and gives consent to and authorizes Lubbock Heart & Surgical Hospital, Lubbock, Texas ("Hospital") its employees and contractors to provide hospital services and administer physician orders for such treatment. The undersigned recognizes that all physicians including radiologists, anesthesiologists and the like, are independent contractors engaged in the practice of medicine and are not the agents, servants or employees of the Hospital. The physicians are responsible for explaining risks, benefits and alternatives to medical or surgical procedures and may require separate consent forms for certain procedures. There are certain types of procedures, such as direct abortion, which are not authorized in this Hospital and I agree to such policy as a condition of admission.

CONSENT TO BLOOD TESTING: In the event that a healthcare worker or emergency response personnel is suspected to have been exposed to my blood or body fluids, consent to have LSHH perform testing to determine whether or not my blood contains contagious viruses. I understand that the information obtained from such tests will only be disclosed as necessary to adequately protect my own health and the health of my family, as well as the health of those healthcare personnel who may have been or may become involved in my treatment.

FINANCIAL AGREEMENT: The undersigned agrees to pay for hospital services and accommodations in accordance with the regular rates and terms of the Hospital. I hereby irrevocably transfer and assign to Hospital or the attending or consulting physician/s/ all my rights, title and interest in any benefits due me for services rendered. I understand that the Hospital bills as a courtesy and I am financially responsible for charges not covered by this assignment, including insurance deductibles or co-payments. It is understood and agreed that delinquent charges may be placed with an attorney or collection agency and a reasonable collection or attorney's fee may be added to the account. I understand that all physician charges will be billed to me separately by the physician/s/. I understand that Lubbock Heart & Surgical Hospital may need to obtain a credit bureau report for financial assessment.

RELEASE OF INFORMATION: I authorize the Hospital to disclose all or any part of my medical record to the attending or referring physician/s/ and if required, any referral home health agency or any other provider which provides follow-up care. The Hospital may disclose all or any part of my medical record to any person or corporation which is or may become liable under a contract to the Hospital or to me or a family member for all or part of the Hospital's charges, including, but not limited to, hospital or medical service companies, insurance companies, workman's compensation carriers, welfare funds, or my employer.

Under Texas law a patient has the right to restrict the release of their health care information. Unless I designate that I wish to be classified as a No Information Patient I authorize verbal release of my health care information to those who inquire. If you wish to restrict the release of your health care information by being classified as a NO INFORMATION PATIENT initial this statement:

____ Privacy Notice Acknowledgement: I have received Lubbock Heart & Surgical Hospital's Notice of Privacy Practice.

____ Patient Rights Acknowledgement: I have received a copy of my patient rights and I understand my rights as a patient.

____ I wish to be a NO INFORMATION PATIENT and I realize that flowers, mail, telephone calls, visitors, etc., will be refused on my behalf. I understand that visitors include spouse, other family members, neighbor/s/, clergy, and/or any other person who travels to the hospital for the purpose of visiting me.

____ **RESPONSIBILITY FOR VALUABLES:** I understand and agree that the hospital maintains a safe for safekeeping of money and valuables and further that the hospital shall not be liable for the loss or damage of such money and valuables unless deposited with the hospital for safekeeping. Personal belongings such as hearing aids, eyeglasses, dentures, etc. are the responsibility of the patient and/or family. The hospital shall not be liable for loss or damage of personal belongings.

____ I have received the *Patient Information Guide*, regarding Patient RIGHTS AND RESPONSIBILITIES OF PATIENTS, ADVANCED DIRECTIVES, LIVING WILLS AND MEDICAL POWER OF ATTORNEY for HEALTHCARE CARE.

____ Do you have an Advance Directive? ____ Did you bring a copy with you? ____ If not, do you want to execute another one? ____ If you have one and did not bring a copy with you, will you have someone bring us a copy?

MEDICARE OR MEDICAID CERTIFICATION: I certify that the information given by me if applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize any holder of medical and other information about me to release to the Social Security Administration or its intermediaries, or carriers, any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services, or authorize such physician or organization to submit a claim to Medicare or Medicaid for payment on my behalf.

FOR MEDICAID PATIENTS ONLY: "I understand that, in the opinion of this hospital, the services or items that I have requested to be provided to me during this visit to the hospital may not be covered under the Texas Medicaid Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Health or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items that I request and receive if there are services or items determined not to be reasonable and medically necessary for my care."

FOR MEDICARE PATIENTS ONLY: I further acknowledge my receipt of the following written material: Notice of "Important Message from Medicare". Acknowledgement of receipt - my initials acknowledge my receipt of this message from the hospital noted below and does not waive any of my rights to receive a review to make me liable for any payment.

FOR TRICARE/CHAMPUS PATIENTS ONLY: I further acknowledge my receipt of the following written material: Notice of "Important Message from Tricare/Champus". Acknowledgement of receipt - my initials acknowledge my receipt of this message from the hospital noted below and does not waive any of my rights to receive a review to make me liable for any payment.

EMERGENCY SERVICES: If this treatment is being provided by the Hospital's emergency department, then in addition to the above terms and conditions, the undersigned understands and agrees that a personal physician is to be selected by or on behalf of the undersigned within 24 hours of hospitalization if further treatment is required, or immediately if complications arise.

PLEASE READ THIS FORM CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING

A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND AS VALID AS THE ORIGINAL.

The undersigned certifies that he/she has read the foregoing, and is the patient or is duly authorized by the patient as the patient's general agent to execute the above and accept it's terms.

Patient or Authorized Representative

Relationship if other than Patient

Patient Accounting Representative

Date



PATIENT / D



Lubbock Heart Hospital is a physician-owned hospital and conducts its operations under the names of Lubbock Heart & Surgical Hospital and NorthStar Surgical Center, the latter being an off-campus, hospital outpatient department. Below is a list of the Hospital's owners or investors who are physicians or immediate family members of physicians. Please sign below acknowledging receipt of this disclosure form.

PHYSICIAN OWNERSHIP

| PHYSICIAN INVESTOR | SPECIALTY | PHYSICIAN INVESTOR | SPECIALTY |
|--------------------------|-------------------|-----------------------------|------------------------------------|
| Addington, Charles | Family Medicine | Rizzo, Joseph A. | Cardiology |
| Barinque, Mark | Podiatry | Robertson, Donald J. | Cardiology/Cardio Thoracic Surgery |
| Beck, Howard | Urology | Schaub, Lowry | Anesthesia |
| Borno, Mounir Y. | Cardiology | Scioli, Mark William | Orthopedic Surgery |
| Britton, Jr., Carl Lee | Urology | Scovell, III, John Field | Orthopedic Surgery |
| Carr, Robert | Orthopedics | Sharif, M. Alan | Cardiology |
| Davis, William Jewell | Anesthesia/Pain | Shephard, II, David Michael | Orthopedics |
| Grattan, James G. | Cardiology | Shoukfeh, Fawwaz M. | Cardiology |
| Haggard, Derick | General Surgery | Smitherman, Tony Bryan | Orthopedics |
| Hallier, Stephen | Anesthesia/Pain | Snodgrass, P.C. | Gastro Intestinal |
| Hancock, Joseph | Gastro Intestinal | Spore, Scott | Urology |
| Headrick, Jeff Dodson | Orthopedics | Solis, Roberto E. | Cardiology |
| Hnatek, Joe D. | Anesthesia | Stephenson, Kenneth Alan | Orthopedics |
| Hobgood, Brooke | Anesthesia | Vallabhan, Girish | Urology |
| Mahal, Kanwaljit "Sonny" | Urology | Wilson, Joseph Nathan | Orthopedics |
| McNeely, Jeffrey | Podiatry | Wilson, Selma | Pain Management |
| Menard, Ralph George | Pain Management | | |
| Nguyen, Adam | Podiatry | | |
| Overlie, Paul A. | Cardiology | | |
| Patel, Nayankumar A. | Nephrology | | |
| Pollock, Garry Robert | Orthopedics | | |
| Ramsey, Jason | Orthopedics | | |

Signature

Date

§ 4810 N. Loop 289

§ Lubbock, TX 79416

§ Tel. 806.687.7777

§ Fax 806.472.3763

Patient Name: _____

Patient ID Number: _____

Physician: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO

KEPRO

Telephone Number of QIO

844-430-9504

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call **806-472-5392** _____.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

Date

Medicare Outpatient Observation Notice (MOON)

On _____ at _____, you began receiving observation services at **Lubbock Heart & Surgical Hospital**. You're a hospital outpatient receiving observation services, also called an observation stay. You are not an inpatient.

Observation services:

- Are given to help your doctor decide if you need to be admitted as an inpatient or discharged;
- Are given in the emergency department or another area of the hospital; and
- Usually last 48 hours or less.

How being an outpatient affects what you may have to pay: Being a hospital outpatient affects the amount you may have to pay for your time in the hospital and may affect coverage of services after you leave the hospital.

Medicare Part B covers outpatient hospital services, including observation services when they are medically necessary. Generally, if you have Medicare Part B, you may pay:

- A copayment for each individual outpatient hospital service that you get; and
 - 20 percent of Medicare-approved amount for most doctor services, after the Part B deductible.
- Part B copayments may vary by type of service. In most cases, your copayment for a single outpatient hospital service won't be more than your inpatient hospital deductible. However, your total copayment for all outpatient services may be more than the inpatient hospital deductible.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage are determined by your plan. Check with your plan about coverage for outpatient observation services.

If you are a Qualified Medicare Beneficiary through your state Medicaid program you cannot be billed for Part A or Part B deductibles, coinsurances, and copayments.

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs," given to you by the hospital in an outpatient setting (like an emergency department) aren't covered by Part B. "Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow patients to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs in certain circumstances. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, if inpatient hospital services become necessary for you and the hospital admits you as an inpatient based on a doctor's order, generally Medicare Part A will cover inpatient services. Generally, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital. Medicare Part B covers most of your doctor services when you're an inpatient. You may have to pay 20 percent of the Medicare-approved amount for doctor services after paying the Part B deductible.

If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you have a prior qualifying inpatient hospital stay. A qualifying inpatient hospital stay means you've been a hospital inpatient (you're admitted to the hospital as an inpatient after your doctor writes an inpatient admission order) for a medically necessary stay of at least 3 days in a row (not counting your discharge day) within a short time before you enter a SNF.

Additional Information:

If you have a complaint about the quality of care you're getting during your outpatient stay, you may contact the Quality Improvement Organization (QIO) for this hospital.

KEPRO Contact information:

Rock Run Center, Suite 100
5700 Lombardo Center Dr.
Seven Hills, OH 44131
Attention: Beneficiary Complaints

Please sign and date here to show you received this notice and understand what it says.

| | |
|--|-----------|
| Signature of Patient or Representative | Date/Time |
|--|-----------|

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).

- Here is the contact information for the QIO:

Name of QIO (*in bold*)

KEPRO

Telephone Number of QIO

844-430-9504

- You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
 - Ask the hospital if you need help contacting the QIO.
 - The name of this hospital is:

Hospital Name

Lubbock Heart and Surgical Hospital

Provider ID Number

450876

- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4:** The QIO will review your medical records and other important information about your case.
- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
 - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - If you have Original Medicare: Call the QIO listed above.
 - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

ADDITIONAL INFORMATION:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
