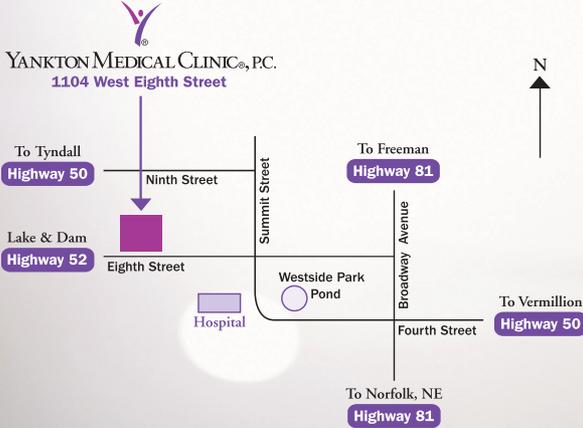
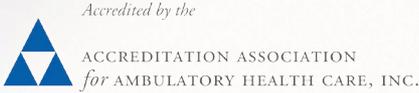


YANKTON MEDICAL CLINIC®, P.C.  
Ambulatory Surgery Center

YANKTON MEDICAL CLINIC®, P.C.  
Ambulatory Surgery Center



So Much  
Surgical Expertise  
So Close to Home.



So much care, so close to home.®

605-665-7841

1104 West 8th Street, Yankton, SD 57078  
Fax: 605-665-0546

www.yanktonmedicalclinic.com

YMC#190

Patient \_\_\_\_\_

**Your appointment at Yankton Medical Clinic, P.C.  
Ambulatory Surgery Center is on:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day of Week Date

Approximate arrival time  
SUBJECT TO CHANGE \_\_\_\_\_ : \_\_\_\_\_ am / pm

**A surgery nurse will call the day  
before with the exact time.**

Patient Portal times are subject to change.

# YANKTON MEDICAL CLINIC®, P.C.

## Ambulatory Surgery Center

Yankton Medical Clinic, P.C.

Ambulatory Surgery Center is a state-of-the-art outpatient surgical facility with fully equipped operating rooms and comfortable recovery observation areas.

The professional staff of the center is specially trained to provide high quality outpatient care. Our comfortable outpatient setting enables you to return home on the same day to recuperate in familiar surroundings.



## Confirmation

A member of our staff will attempt to call you prior to your surgery date to confirm the date and time of your arrival.

## Preparing for Surgery

Be sure to talk to your physician or his/her nurse if you are taking any daily medication, especially for heart, diabetes or blood pressure problems or if you are on blood thinners. Also, be sure to mention any over-the-counter drugs or herbal supplements.

## The Night Before Surgery

For your safety, do not eat or drink anything after midnight (including water) the night before surgery. This includes hard candy, gum or prescription medications (unless instructed otherwise). You may brush your teeth and rinse your mouth in the morning without swallowing any liquid. If you smoke, it is recommended that you refrain from smoking the day of surgery.

## Transportation

You **will not** be allowed to drive yourself home after surgery. Because anesthesia often has lingering effects on the body, we ask that you **arrange** for someone to drive you home.

# Pre-Operative Evaluation



605-665-7841

1104 W. 8th Street, Yankton, SD 57078

[www.yanktonmedicalclinic.com](http://www.yanktonmedicalclinic.com)

Complete both sides and bring to Yankton Medical Clinic, P.C.  
Ambulatory Surgery Center on the day of your procedure.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PATIENT SIGNATURE

Family Physician: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medications: (include herbs & non-prescription)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Medical Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Pre-Operative Evaluation



605-665-7841

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www.yanktonmedicalclinic.com

*Check all that apply.*

Yes No

- Have you or any blood relatives had problems with anesthesia?
- Are you allergic to latex (rubber) products?
- Do you take any herbal supplements?
- Have you recently had a cold or the flu?
- Do you have a heart condition?
- Have you experienced chest pain?
- Do you have hypertension (high blood pressure)?
- Do you have asthma or breathing problems?
- Have you ever had a seizure?  
When? \_\_\_\_\_  
\_\_\_\_\_
- Do you have a thyroid condition?
- Do you have loose, chipped or false teeth?
- Do you wear contact lenses?
- Do you (or did you) smoke?  
Packs/day \_\_\_\_\_  
Number of years \_\_\_\_\_  
Date quit \_\_\_\_\_
- Do you consume alcohol?  
Drinks/week \_\_\_\_\_

Yes No

- Are you pregnant? Date of last menstrual period \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Have you had TB or a positive TB test?
- Do you have kidney disease?
- Have you had hepatitis or jaundice?
- Do you have diabetes?
- Have you had a blood transfusion?  
When? \_\_\_\_\_  
\_\_\_\_\_
- Have you ever taken recreational drugs?
- Have you taken cortisone (steroids) in the last six months?
- Do you have numbness or weakness of your extremities?
- Do you or any of your family have muscular dystrophy?
- Do you have any muscle or nerve disease?
- Do you have back or neck problems?
- Do you have bleeding problems?
- Do you have stomach or ulcer problems?
- Do you have a hiatal hernia?

# The Morning of Surgery

- **Leave jewelry, purses and valuables at home. This includes earrings and other piercings.**
- Shower or bathe to minimize the chance of infection.
- Wear loose comfortable clothing.
- Remove finger nail polish, makeup and contact lenses prior to your arrival. Please do not wear perfume.
- If it is your child who will be undergoing surgery, bring along a comforting toy or blanket.
- Occasionally, surgery may be delayed due to circumstances beyond our control. If a delay should occur, we will keep you informed. Please make flexible plans for your surgery day.

# When You Arrive

Use the northeast entrance to the clinic indicating the Ambulatory Surgery Center. Upon arrival, take the elevator to Section L (lower level). Check in at the reception desk. You do not need to go to central registration.

# Special Precautions

Contact your surgeon or Yankton Medical Clinic, P.C. Ambulatory Surgery Center immediately if you experience any change in your health such as temperature, cold or flu.

# After Surgery

Specific home care instructions will be provided. **Do not drive, operate any machinery, drink alcohol or make important decisions for 24 hours following surgery.** We suggest that someone stay with you following your surgery.

## **Patient Bill of Rights**

1. No patient of this center shall be deprived of any rights, benefits or privileges guaranteed by law, the Constitution of the State or the Constitution of the United States. Individuals shall be accorded impartial access to care regardless of race, creed, sex, national origin or sources of payment for care.
2. A patient shall be granted respect and privacy in his medical and personal care program. Care discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly. The patient has the right to wear religious or other symbolic items as long as they do not interfere with diagnostic procedures or treatment.
3. The patient has the right to expect reasonable safety insofar as the center's practices and environment. The center shall attempt to safeguard small items of value for its patients.
4. The patient has the right to know the identity and professional status of individuals providing service to him/her. This includes the patient's right to know the center is owned and maintained by the physicians of Yankton Medical Clinic, P.C. More information is available at [www.yanktonmedicalclinic.com/shareholders](http://www.yanktonmedicalclinic.com/shareholders). The patient has the right to know where alternatives for surgery exist.
5. The patient has the right to reasonable informed decisions involving his/her medical diagnosis, treatment, and proposed procedure, including risks of mortality or serious side effects, problems related to recuperation and the probability of success in terms and language the patient can reasonably be expected to understand. When not medically advisable to give such information to the patient, the information shall be made available to a legal authorized individual.

When the patient does not speak or understand the predominant language of the community, he/she has the right to be accompanied by an interpreter.

Every patient shall be permitted to refuse medical treatment and to know the consequences of such action. The patient's refusal will free the center from obligation to provide treatment.

The patient has the right to know that in the event of an emergency or that if recovery at the center is slow, it may be necessary for him/her to be transferred to Avera Sacred Heart Hospital. An explanation of the need for transfer will be given to the patient. In the event of emergency, an explanation will be given to their emergency contact.

The patient has the right to be informed by the physicians or the physician's delegate responsible for his/her care, of any continuing health care requirements following discharge from the center.

The patient is entitled to an itemized copy of his/her bill. The source of payment for treatment shall be confidential.

Patients are entitled to information about the center's mechanism for initiation, review, and resolution of patient complaints. Yankton Medical Clinic, P.C. will investigate concerns and complaints. Complaints can be filed with the State of South Dakota at:

Complaint Coordinator Office of Health Care Facilities Licensure & Certification  
South Dakota Department of Health  
615 E 4th St., Pierre, SD 57501  
1-800-738-2301

Or with the Office of the Medicare Ombudsman at:  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

## **Patient Responsibilities**

1. To the best of his/her knowledge, the patient has the responsibility to provide complete and accurate information relating to his/her state of health. This includes past illnesses, hospitalizations, present complaints and medications.
2. A patient is responsible for following the care plan recommended by the practitioner for his/her care. This includes the instruction of nurses and allied health personnel as they carry out the coordinated plan of care and implement the physician's orders and as they enforce the center's policies and procedures. The patient is responsible for keeping appointments and is responsible for notifying his/her physician or the center in the event he/she is unable to do so for any reason.
3. The patient is responsible for following the center's policies and procedures affecting his/her care or conduct.
4. The patient is responsible for being considerate of the center's personnel and the rights of other patients and for assisting in the control of the number of visitors, noise and no smoking policy. The patient is responsible for being respectful of the property of other persons and the center.
5. The patient is responsible for his/her actions if he/she refuses treatment or if he/she does not follow the practitioner's instructions.
6. The patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.

## Advance Directives

Patients who are capable of making their own health care decisions have the right to consent, to reject and to withdraw consent for medical procedures, treatments or interventions. They may say "yes", "no", or "I will think about it." For patients who are incapable, someone else must make decisions for them.

For many patients, this possible loss of control is a concern. Should they try to designate someone else to speak for them? How do they protect and effectively transfer their right to choose a person whom they know will speak their mind and heart?

Those concerns can be addressed by signing an advance directive, a document that sets out guidelines for your future care. The two most common types of advance directives are the durable power of attorney for health care and the living will.

You have the right to have either or both document(s) as long as you are capable of making decisions for yourself. Once you are incapable of making your own decisions, you lose the opportunity to choose someone to speak for you or to make your wishes known about future health care decisions. For that reason, durable power of attorney for health care and living wills are like fire insurance – you must arrange it before the fire. If you become incapable of making your own decisions, the health care decisions made for you may not be those that you would choose for yourself.

If requested, the surgery center staff can provide you with official South Dakota or Nebraska advance directive forms.

This information is based on South Dakota law and is designed to inform, not to advise. No person should ever apply or interpret any law without the aid of an attorney who knows the facts and may be aware of any changes in the law. This information was compiled by the South Dakota State Medical Association, the South Dakota Hospital Association and the State Bar of South Dakota.



## Financial Consideration

You will receive separate charges for the surgeon fee, the anesthesia fee and the facility fee (use of facility, nursing staff, equipment and supplies). You may also receive a charge for laboratory/pathology testing. We will assist you in filing a claim to your insurance company if you provide us with your insurance information. Your insurance company will be contacted to check pre-certification requirements. This is not a guarantee of payment or confirmation of coverage. A deposit may be requested prior to surgery.

If you have a co-payment for clinic charges, this may not apply to outpatient surgery charges done at Yankton Medical Clinic, P.C. Ambulatory Surgery Center. Your insurance will most likely apply to the physician, facility and anesthesia charges toward your deductible. Review your insurance benefits regarding anesthesia coverage for your endoscopy procedure.

If you have any questions or would like an estimate for the procedure you are having done, call the pre-certification department at 605-665-7841, extension 2952. Remember that the fees given to you are an estimate only and may vary from the actual charges. Our billing representatives are available to help you, and will make every effort to arrange a mutually beneficial payment plan.