



**BOZEMAN HEALTH**  
DEACONESS HOSPITAL



**A GUIDE TO YOUR SURGERY**  
**SURGICAL SERVICES**





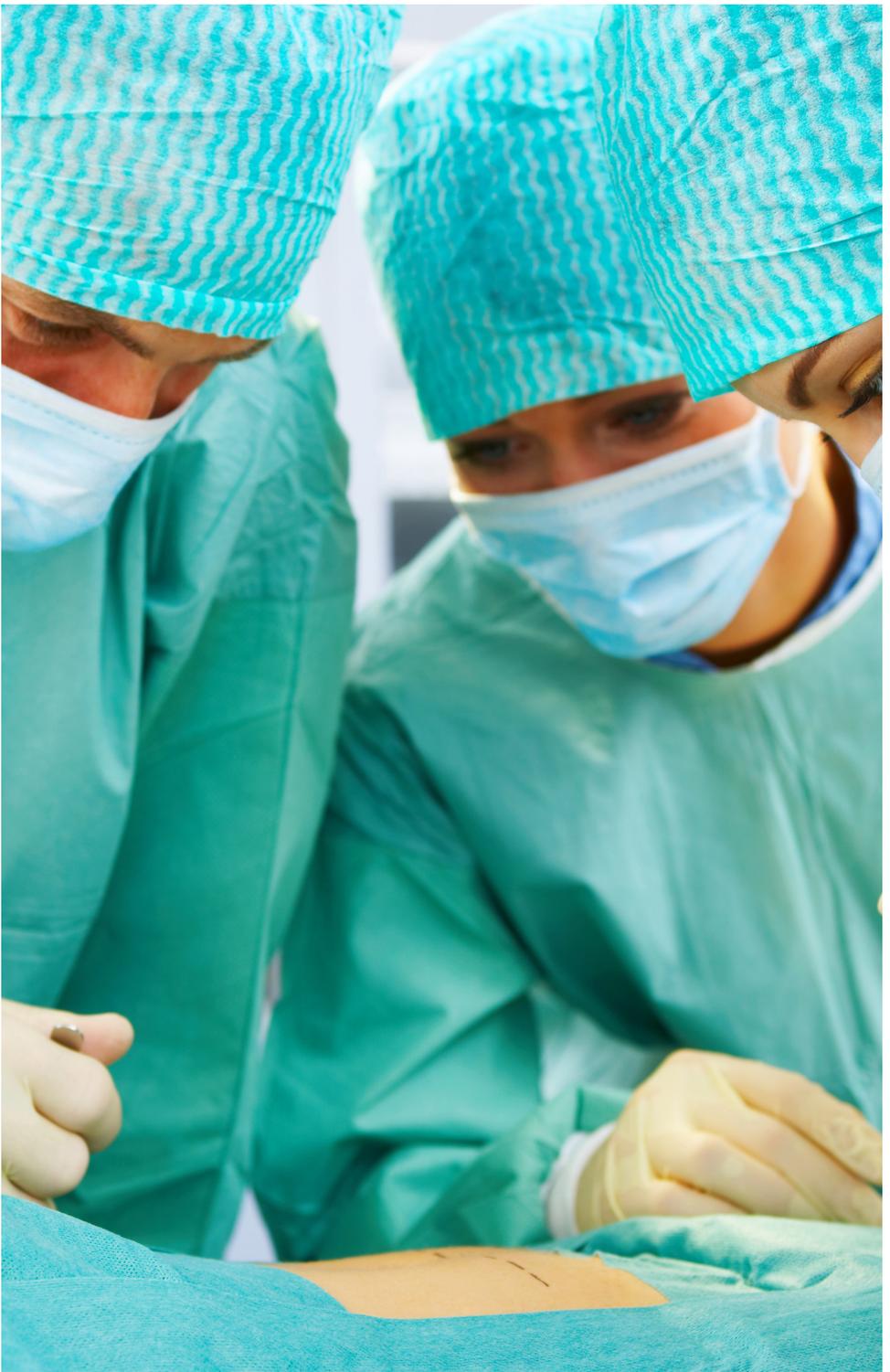
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## A GUIDE TO YOUR SURGERY

Thank you for choosing Bozeman Health for your surgical care. The information in this booklet is provided to help you and your family through the experience of surgery. The booklet outlines what you may expect as you enter the hospital and prepare to go home. It is important to know as much about this experience as possible.

Surgery requires a team effort and you and your family are an essential part of that team. Hospitals can be unfamiliar and surgery can cause anxiety. We hope this book eases your anxieties and answers many of the questions about your surgery and recovery. If you have any additional questions, please ask.

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# INSTRUCTIONS AND PREPARATION FOR YOUR SURGERY

Our goal is to provide you with exceptional care. The following information is provided to help you prepare for your surgery. Please read and follow these instructions carefully.

## **PRESURGERY ASSESSMENT**

In most cases, your presurgery assessment can be accomplished through a telephone visit, reducing the number of trips you need to make to the hospital.

The telephone assessment will occur prior to the date of surgery. It is very important that you provide a telephone number where you can be reached for that visit. If there is a change from the phone number you provided at your doctor's office, please contact the Presurgery Assessment Office at (406) 414-1018 to notify them of the change.

Our presurgery assessment specialist will call to ask you questions about your health history, provide presurgery instructions, and answer any questions you may have. Your telephone assessment will occur between 8:00 am and 6:30 pm.

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## PREPARING FOR YOUR PRESURGERY ASSESSMENT

Please complete the following information before your presurgery visit.

Allergies (*medication, food, latex, or environmental and the type of reaction*):

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Medications (*including herbal preparations, vitamins and natural supplements*), exact dose, how often, time taken:

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Previous surgeries, year, anesthesia complications:

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Height and weight:

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Other information:

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Questions to ask:

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## PREPARING FOR YOUR SURGERY

Your recovery begins with your preparation for surgery and continues beyond your hospitalization until you return to regular activities. You can help your recovery move smoothly and quickly by taking just a few simple steps.

### PREPARATIONS AT HOME BEFORE SURGERY

The day before your scheduled surgery, try to relax and rest. Eat healthy foods, and try to have a bowel movement within 24 hours before your surgery. Follow the instructions provided by your physician or the pre-screening staff regarding food, fluids and medications. Wear casual, loose-fitting clothing. Do not wear makeup, lipstick, nail polish or jewelry.

*Arrange for someone to drive you to the hospital, and be sure to be at the hospital at the scheduled time. Your surgery may be canceled if you do not have someone to drive you home. Though it may seem that we've asked you to come much earlier than your surgery time, there are many things to do before you go to the operating room.*

### FOR YOUR SAFETY

*Do not eat or drink anything, including water, coffee, gum, or candy after midnight the night before surgery unless instructed by your surgeon, the surgeon's medical staff or the Presurgery Assessment Specialist. Your cooperation is extremely important to reduce the risk of vomiting and having food or fluid enter your lungs during or after anesthesia. If you do have anything to eat or drink before your surgery, it is likely your surgery will be postponed or cancelled. Do not drink alcoholic beverages for at least 24 hours prior to surgery.*

Do not bring jewelry, money, credit cards, or other valuables. The hospital will not be responsible for loss of these items.

Wear loose, comfortable clothing and low-heeled shoes.

We prefer that you wear glasses rather than contact lenses to the hospital. If you must wear contacts, bring your contact lens case and solution. Please bring a case for your glasses, dentures and hearing aid care.

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## **TOBACCO-FREE CAMPUS POLICY**

If you smoke or use tobacco, stop smoking or chewing tobacco the afternoon before surgery. Please note, as of August 1, 2007, the campus of Bozeman Health Deaconess Hospital is entirely tobacco-free. This means no tobacco use will be permitted during any portion of an inpatient's hospitalization or outpatient visit. All patients admitted will be screened for tobacco use and dependency. If a patient requests nicotine replacement therapy or other pharmacotherapy based upon the protocol; the nurse will communicate the order to the admitting physician. You will not be allowed to smoke while on campus.

## **IN CASE OF ILLNESS**

If you develop a fever, rash, cold symptoms, or any other ailment within to 48 hours of your scheduled surgery, contact your surgeon.

## **BEFORE SURGERY**

Your presurgery assessment specialist will discuss with you medications you should take on the day of surgery.

Brush your teeth the day of surgery, but do not swallow the water.

Because of the equipment used in the operating room, you will not be allowed to wear any body piercing jewelry.

You must have a responsible adult to drive you home and available to stay with you for 24 hours after surgery. You cannot take a taxi home unless you also have a responsible adult with you.

You may need to purchase medications for use at home after surgery so it's a good idea that the adult who will accompany you home bring money or other means of paying for the prescriptions.

If you are not able to keep your surgical appointment, please notify your surgeon and the Surgical Services department office at (406) 585-1008.

## **WHAT TO BRING**

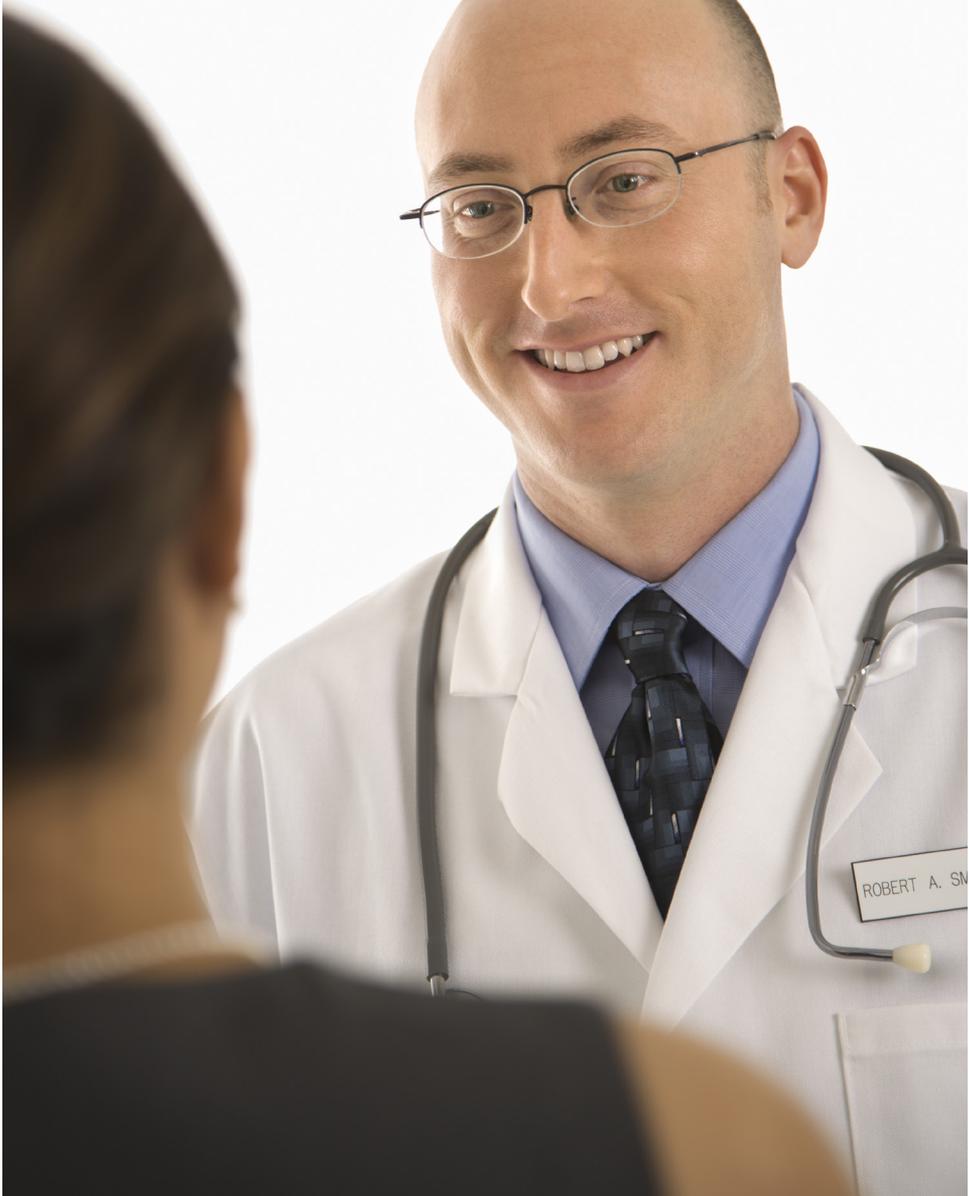
You'll need only a few personal items during your hospital stay.

- This booklet
- Your insurance card

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- Personal toiletries (glasses, hairbrush or comb, toothbrush, toothpaste, deodorant, dentures and items for denture care)
  - Copy of Living Will and Advanced Directives
  - Name and phone number of the person who will have Health Care Power of Attorney authority while you are in the hospital.
  - Please do not bring valuables (money, jewelry, credit cards). The hospital does not assume responsibility for lost items.

## **DELAYS AND SCHEDULE CHANGES**

It may be necessary to change your surgery date or time due to a surgical emergency. We know this can be frustrating and disruptive to you and your family. This change in schedule is made only if absolutely necessary. Your safety is important to us, and we ask for your patience and understanding should this be the case.



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# PERIOPERATIVE SERVICES

## DAY OF SURGERY

The surgical schedule may change. Please arrive at your scheduled time, but be aware, there may be unavoidable delays. We will keep you informed of any changes in your scheduled surgery time.

## PATIENT REGISTRATION DESK

On the day of surgery you will need to register at the Perioperative Services Registration desk prior to your surgery. It is located in Highland Park 4 (tall 5-story building) on the second floor. There is a map on page 27.

## PREPARING FOR SURGERY

After your registration process is completed, a staff member will direct you to the Perioperative Services department. A nurse will ask questions to ensure that your health status has not changed since your presurgery assessment visit. You will also be asked to sign the appropriate consent forms for anesthesia and the surgical procedure. The nurse will answer any questions you have and will visit with you about your care at home after surgery and complete any final preparations before you go to the operating room.

## PATIENT NEEDS

If your operation is scheduled for the morning, your day will begin very early. Before you go to surgery you may be given a sedative to help you relax. Your family is welcome to be with you during this time. Approximately 15 minutes before your scheduled operation time, we will take you to the surgical area. Your family will be asked to wait in the surgical family care area. In the surgical area the surgical team will begin preparing you for your operation. The team will explain what you can expect as you are prepared for surgery. We encourage you to ask any questions you may have.

## FAMILY NEEDS

Family and/or friends accompanying you will be directed to the Surgery Family Care Area. A volunteer is in the Family Care Area to facilitate family or friends meeting with the surgeon(s) after your surgery is

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complete. Have your family leave a cell phone number if they leave the family care area. During surgery, the surgical team may send progress reports to your immediate family members who are in the family care area. After your surgery is completed, your surgeon will talk with your family members about your operation. The hospital will give information to immediate family members only with your permission. Please choose a spokesperson who can call for information and share it with the rest of your family and friends.

## **WHAT PARENTS SHOULD KNOW**

You or a legal guardian must sign all forms for patients under age 18. The Presurgery Assessment Specialist will ask about any problems your child may have had at birth. A parent or legal guardian must remain in the hospital building during the operation and recovery time. It is absolutely necessary that your child not eat or drink anything before surgery, as directed by your doctor and the Presurgery assessment specialist. We encourage you to make arrangements for other children at home so you may devote full attention to the child having surgery. If you have a long distance to drive please have another responsible adult with you to assist on the drive home, in case your child needs special attention. Parents are allowed to be with their child in the Perioperative Services and Post Anesthesia Care Unit (PACU), but not in the Operating Room.

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# DURING SURGERY

## YOUR ANESTHESIA CARE

The anesthesiologist administers your anesthetic, manages any medical problems you have, and guards your well-being the entire time you are in the operating room.

## MONITORING

Your anesthesiologist uses a number of sophisticated medical instruments to measure and document how your body responds to surgery and the anesthetic. Monitoring usually includes heart, blood pressure, breathing, and oxygen level monitors. Additional monitoring is used based on your individual needs.

## TYPES OF ANESTHESIA

Decisions regarding your anesthesia are tailored specifically for you. The type of anesthesia you receive depends on your general health, the type of surgical procedure, and your preferences when possible. There are three types of anesthesia that can be used by the anesthesiologist to keep you safe and comfortable.

- **General:** Anesthesia puts the entire body to sleep for surgery.
- **Regional:** Anesthesia involves numbing particular regions of the body. Other intravenous (IV) medications may be given to make you drowsy.
- **Monitored:** Anesthesia may involve injections of the small area with local anesthetic as well as the use of IV medication to make you drowsy. While you are sedated, the anesthesiologist will monitor your vital body functions.

After your health history and physical exam have been reviewed by the anesthesiologist, choices for your anesthesia care, and the risks and benefits associated with these different anesthetic options will be discussed with you. You and your anesthesiologist will determine the type of anesthesia best suited for you.

After your surgery is completed, you may be taken to the Post Anesthesia Care Unit (PACU) where you will be closely monitored. If you do not require the additional monitoring that PACU provides, you will return directly to Perioperative Services.

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## **OUTPATIENT SURGERY**

You will remain in Perioperative Services until you are discharged from Bozeman Health Deaconess Hospital. You and your family will receive additional instructions prior to your discharge. Your discharge time will depend on how your recovery progresses.

We know that people feel more comfortable in their own home, so our goal is to assist you to return to your home as soon as you are ready.

The Perioperative Services staff is available to assist you between the hours of 6:00 am to 7:00 pm, Monday through Friday. If you need to stay longer than that, care will be coordinated within the hospital.

If you have any problems after your discharge, call your doctor or the Perioperative Services department at (406) 414-1600. If you require assistance after Perioperative Services is closed, you may contact the Emergency Department at (406) 414-1000 or call your surgeon.

## **INPATIENT SURGERY**

You will be admitted to an inpatient room from PACU and stay there until your physician determines you are ready to go home.

Please bring personal care items, such as toothbrush, toothpaste, shampoo, conditioner, etc. to the hospital with you as most insurance plans do not cover these items.

Please do not bring medications to the hospital. Any medications you need during your stay will be provided.

## **PAIN MANAGEMENT**

It is important to communicate with your nurse about your level of comfort. As you recover from surgery we will encourage you to increase your activity level every day. This is the time to determine which pain medication works best for you and how often you need to take it. Good pain management is an important part of your healing process. You will have better control of your pain if you take your medication regularly. Allowing your pain medication to completely wear off and waiting “until you can’t stand the pain any longer” may slow your ability to cough, deep breathe and move freely. It can also take longer to recover from the fatigue and irritability that can accompany pain that is out of control.

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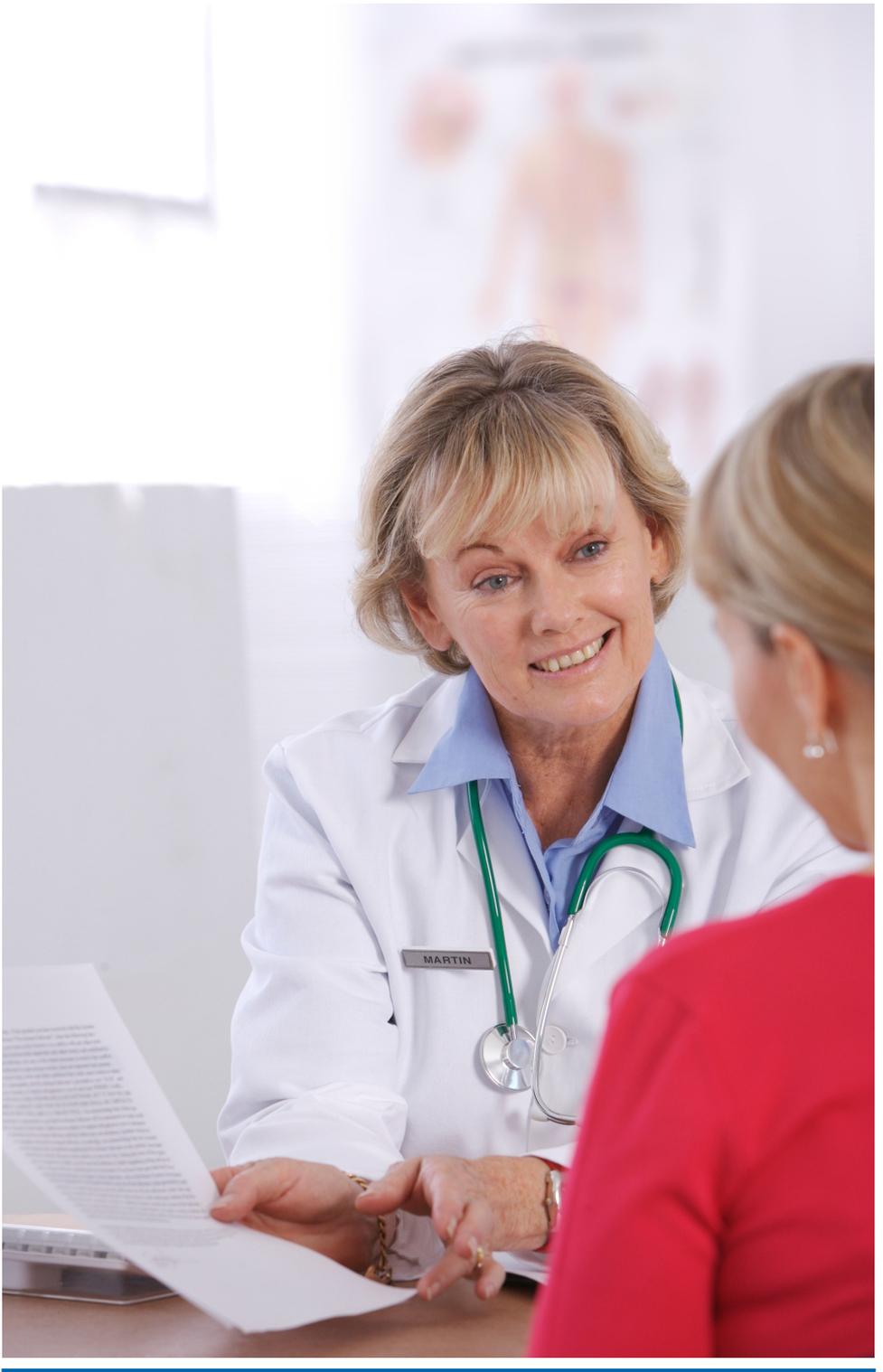
## GOING HOME

### DISCHARGE PLANNING

Planning for your discharge begins as soon as you enter the hospital.

Discharge care can be an involved process that requires time and planning to ensure a smooth and successful transition for you and your family. You may want to involve the discharge planner in your care during your hospital stay. This helps us to anticipate your discharge needs and determine:

- Who will be able to assist you at home
- Who will provide transportation for you
- Who will be able to help with groceries and meals
- Who will be able to get your medications
- Whether you will require special assistance devices, such as a walker
- Whether you will benefit from Home Health Services (registered nurse, physical therapy, occupational therapy)
- Whether you and your family may benefit from additional help at home or a brief stay in an extended care facility



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## FINANCIAL CONSIDERATIONS

### INSURANCE VERIFICATION

***It is your responsibility to contact your insurance company to obtain authorization for the surgical procedure.*** This authorization is not a guarantee of payment from the insurance company. Payment will be dependent upon the provisions of your insurance policy. If your insurance company gives you a pre-certification number, please bring that and your insurance card to the Perioperative Services Patient Registration desk on the day of your surgery.

### FINANCIAL COUNSELING/DISCOUNTS

Bozeman Health offers a free service to our patients to help you understand your financial obligations.

At the time of registration for your surgery, you will be given information that states that Bozeman Health Deaconess Hospital will grant you a 10 percent discount if you meet certain criteria. You will need to call the Financial Counselor at (406) 414-1711 **ten (10) days after** your procedure. She will contact your insurance to determine if you have met your deductible, co-insurance and out-of-pocket expenses. An **estimate** worksheet will be created and you will need to pay that amount **within five (5) days to receive the 10 percent discount.** This is an estimate for hospital charges only. Your hospital charges do not include the charges of the physician(s), the pathologist, anesthesiologist or radiologist.

You may also call our financial counseling office at (406) 414-1711 for a price estimate of your procedure.

### INSURANCE/BILLING

As a patient service, Bozeman Health Deaconess Hospital will bill your insurance company. It is your responsibility to provide all the necessary information to ensure prompt billing and payment.

If you have insurance coverage, but they have not paid within 60 days from your hospital discharge, you may be asked to start paying on the bill. For elective cosmetic procedures, payment in full will be due at the time of service.

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Payment arrangements may be made with your financial counselor for all other procedures.

If payment in full is not possible, payment arrangements may be made, with full payment due within 12 months of the service. If your account extends beyond one year, finance charges may be applied. To make financial arrangements, call your financial counselor at (406) 414-1711 or our credit supervisor at (406) 414-1015.

Our financial counselor can also provide you with an estimate of the hospital's price of your surgical procedure. Before calling, please ask your doctor for the specific CPT and ICD-9 codes to provide to the financial counselor. *It is important to remember that the quote given to you is an estimate and the charges may vary based on your needs at the time of service.*

## **SURGEON, RADIOLOGIST, ANESTHESIOLOGIST AND PATHOLOGIST CHARGES**

Your physicians are independent practitioners and are not employed by the hospital. You will receive a separate bill from your surgeon, radiologist, anesthesiologist and pathologist. Call the physician's office for those billing questions.

# CONSENTS

You will be asked to sign the following consents. Please review them before arriving.

## Consent for Treatment

1. Medical Consent: I hereby consent to the provisions of health care services, including tests and treatments, such as X-rays, exams, administration of drugs, lab tests, and other Bozeman Deaconess Hospital (BDH) services as directed by my physician. I understand that the patient care is under the control of an independent physician and BDH is not liable for any act of omission provided the hospital has followed the instructions of said physician(s). Services provided by all physicians are independent of BDH.
2. Information Privacy: I acknowledge receipt of the BDHS Notice of Privacy Practices. I will refer to the BDHS Notice of Privacy Practices regarding the release of my health information. If I am admitted, BDH maintains a facility directory that lists my name, room number, and if I wish, my religious affiliation. This information (excluding religious affiliation) will be disclosed to anyone who requests it by asking for me by name.  
\_\_\_\_\_ I DO NOT want this information listed in the facility directory.  
\_\_\_\_\_ I DO NOT want religious affiliation shared with the clergy.
3. Assignments of Benefits: I hereby authorize payment directly to the hospital for the hospital benefits herein specified and otherwise payable to me. I also authorize payments directly to the physician(s) providing services to me from the benefits otherwise payable to me.
4. Insurance Disclosure: I understand that it is my responsibility to notify my insurance company directly within the time limits of my policy, if I am admitted to BDH or for pre-authorization of special procedures and/or tests.
5. Financial Agreement: I hereby assume full responsibility for charges I incur for services from BDH and agree to pay said charges in full. I have given my insurance information, if any, to BDH. It is my understanding that I will be responsible for any balance not paid by this insurance. If I, or my guarantor, choose to bill my insurance, my account will be considered as self-pay. If I am unable to pay in full, I will contact the Credit Dept. at 585-1015 to discuss options, with a minimum monthly payment of \$100. It is further understood that the entire balance, pursuant to this agreement, will be due and payable one year from the date of admission/service. \_\_\_\_\_ (Guarantor Initials)
6. Personal Valuables: I understand that BDH shall not be liable for personal items. If admitted, I have been advised to send all valuable personal property home.
7. Nursing Care: BDH provides general duty nursing care. If a patient needs continuous or special duty nursing care, the patient, legal representative, or the physician must arrange such care. BDH shall in no way be responsible for failure to provide the same and is hereby released from any and all liability.
8. I have been informed that Bozeman Deaconess Hospital is a teaching hospital. I consent to the presence of medical, dental, psychiatric, nursing and other students whose presence is deemed appropriate by the attending physician for the purpose of advancing the educational mission of the hospital.
9. The Bozeman Deaconess campus is smoke free. Thank you for not smoking.
10. Patient's Rights & Responsibilities: I understand my patient rights as described in the Patient's Rights and Responsibilities brochure. \_\_\_\_\_ (Patient/Responsible Party Initials)

I certify that I have read the above information and as the patient, or one who is duly authorized to act in a representative capacity for the patient, that the information has been fully explained, that I understand its content, that it may not be modified and that I may withdraw my consent for services at any time.

Patient/Guarantor Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason Patient Unable to Sign: \_\_\_\_\_ Witness: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of an Important  
Message from Tricare

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of an Important  
Message from Medicare

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name:  
Patient ID Number:  
Physician:

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## An Important Message From Medicare About Your Rights

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### 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

\_\_\_\_\_  
Telephone Number of QIO

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### 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 \_\_\_\_\_.

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

Signature of Patient or Representative

Date/Time

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## 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) \_\_\_\_\_  
Telephone Number of QIO \_\_\_\_\_
  - 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	Provider ID Number
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- **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.

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### 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.

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### Additional Information:

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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.

# An Important Message From TRICARE®



## YOUR RIGHTS WHILE A TRICARE HOSPITAL PATIENT

You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by “Diagnostic Related Groups (DRGs)” or by TRICARE payments.

You have the right to be fully informed about decisions affecting your TRICARE coverage and payment of your hospital stay and any post-hospital services.

You have the right to request a review by a TRICARE Regional Review Authority (RRA) of any written notice of noncoverage that you may receive from the hospital stating that TRICARE will no longer pay for your hospital care. RRAs employ groups of doctors under contract by the Federal Government to review medical necessity, appropriateness and quality of hospital treatment furnished to TRICARE patients. The phone number and address of the RRA for your area are:

### North Region

Health Net Federal Services, LLC  
c/o PGBA, LLC/TRICARE  
Regional Review Authority  
P.O. Box 870144  
Surfside Beach, SC 29587-9744

1-877-TRICARE (1-877-874-2273)

### South Region

Humana Military  
Utilization Management  
P.O. Box 740044  
Louisville, KY 40201-9973

1-800-334-5612

### West Region

UnitedHealthcare Military & Veterans  
P.O. Box 105493  
Atlanta, GA 30348-5493

1-877-988-WEST (1-877-988-9378)

## TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help you with your questions and concerns about hospital services.

## IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a “notice of noncoverage.” You must have this notice of noncoverage if you wish to exercise your right to request a review by the RRA.

The notice of noncoverage will state whether your doctor or the RRA agrees with the hospital's decision that TRICARE should no longer pay for your hospital care.

- If the hospital and your doctor agree, the RRA does not review your case before a notice of noncoverage is issued. But the RRA will respond to your request for a review of your notice of noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the RRA makes its decision if you request the review by noon of the first workday after you receive the notice of noncoverage.
- If the hospital and your doctor disagree, the hospital may request the RRA to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation, the RRA must agree with the hospital or the hospital cannot issue a notice of noncoverage. You may request that the RRA reconsider your case after you receive a notice of noncoverage, but since the RRA has already reviewed your case once, you may have to pay for at least one day of hospital care before the RRA completes this reconsideration.

IF YOU DO NOT REQUEST A REVIEW, THE HOSPITAL MAY BILL YOU FOR ALL THE COSTS OF YOUR STAY BEGINNING WITH THE THIRD DAY AFTER YOU RECEIVE THE NOTICE OF NONCOVERAGE. THE HOSPITAL, HOWEVER, CANNOT CHARGE YOU FOR CARE UNLESS IT PROVIDES YOU WITH A NOTICE OF NONCOVERAGE.

## HOW TO REQUEST A REVIEW OF THE NOTICE OF NONCOVERAGE

If the notice of noncoverage states that your physician agrees with the hospital's decision:

- You must make your request for review to the RRA by noon of the first work day after you receive the notice of noncoverage by contacting the RRA by phone or in writing.
- The RRA must ask for your views about your case before making its decision. The RRA will inform you by phone and in writing of its decision on the review.
- If the RRA agrees with the notice of noncoverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the RRA's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the RRA decision.
- If the notice of noncoverage states that the RRA agrees with the hospital's decision:
- You should make your request for reconsideration to the RRA immediately upon receipt of the notice of noncoverage by contacting the RRA in writing.
- The RRA can take up to three working days from receipt of your request to complete a review. The RRA will inform you in writing of its decision on the review.
- Since the RRA has already reviewed your case once prior to the issuance of the notice of noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your notice of noncoverage, even if the RRA has not completed its review.
- Thus, if the RRA continues to agree with the notice of noncoverage, you may have to pay for at least one day of hospital care.

**Note:** The process described above is called "immediate review." If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of the TRICARE decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The notice of noncoverage will tell you how to request this review.

## POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or to home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. TRICARE and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, Health Benefits Advisor (HBA), patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

Questions involving billing or specific benefit coverage issues should be addressed to your TRICARE claims processor which is:

### North Region

Health Net Federal Services, LLC  
c/o PGBA, LLC/TRICARE  
Correspondence  
P.O. Box 870141  
Surfside Beach, SC 29587-9741

1-877-TRICARE (1-877-874-2273)

### South Region

TRICARE South Region  
Claims Department  
P.O. Box 7031  
Camden, SC 29020-7031

1-800-403-3950

### West Region

TRICARE West Region  
Claims Department  
P.O. Box 7064  
Camden, SC 29020-7064

1-877-988-WEST (1-877-988-9378)

## ACKNOWLEDGMENT OF RECEIPT

My signature only acknowledges my receipt of this message from

\_\_\_\_\_ (Name of Hospital) on \_\_\_\_\_ (Date)

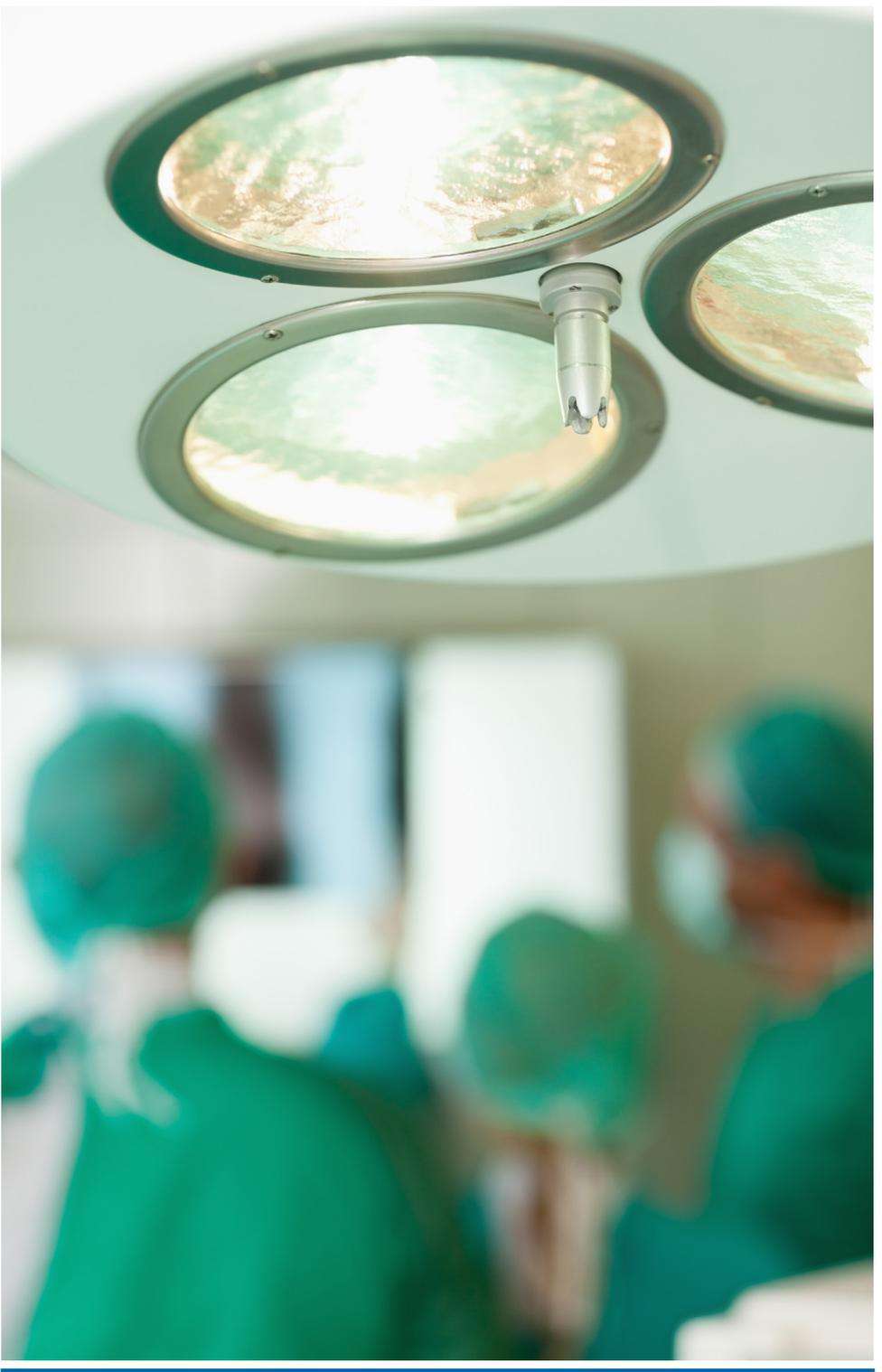
and does not waive any of my rights to request a review or make me liable for any payment.

\_\_\_\_\_  
Signature Of Beneficiary Or Person Acting On Behalf Of The Beneficiary

\_\_\_\_\_  
Date Signed

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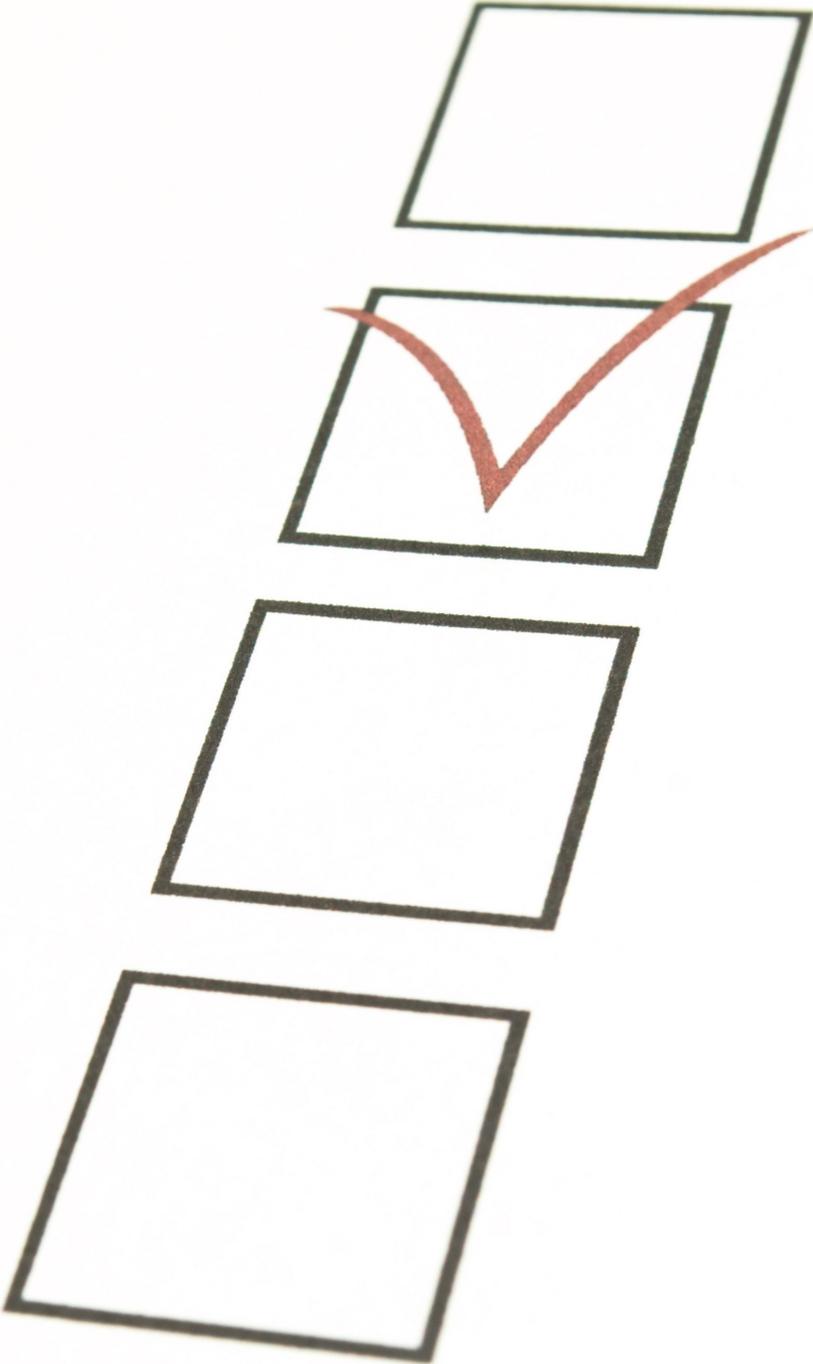


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## BEST WISHES FOR YOU AND YOUR RECOVERY

Your recovery time will be dependent upon your own personal health and surgical procedure. If you have any questions or problems, please contact your doctor. We hope this book helps you in your recovery. Thank you for choosing Bozeman Health Deaconess Hospital for your surgical care.





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# DAY OF SURGERY CHECK LIST

## WHEN TO ARRIVE

- \_\_\_ Approximately 1–1 ½ hours before your scheduled surgery time.  
We will call you to arrange an arrival time. Please report to the Perioperative Admissions Desk located in Highland Park 4, 2nd floor.

## WHAT TO WEAR

- \_\_\_ Wear comfortable, loose clothing.  
\_\_\_ Wear non-slip shoes.

## WHAT TO BRING

- \_\_\_ Photo ID.  
\_\_\_ Medical Insurance cards.  
\_\_\_ Worker's Compensation information with date of injury (if applicable).  
\_\_\_ Prior Approval and Authorization from your insurance company.  
\_\_\_ Name, address and phone number of your employer.  
\_\_\_ Phone number of nearest relative or emergency contact.  
\_\_\_ Name and phone number of the person who will have Health Care Power of Attorney Authority while you are in the hospital.  
\_\_\_ Other important medical legal authorizations
  - Foster Parent Authorization
  - Emancipated Minor Authorization
  - POLST form
  - Declination to Receive certain medical treatments.

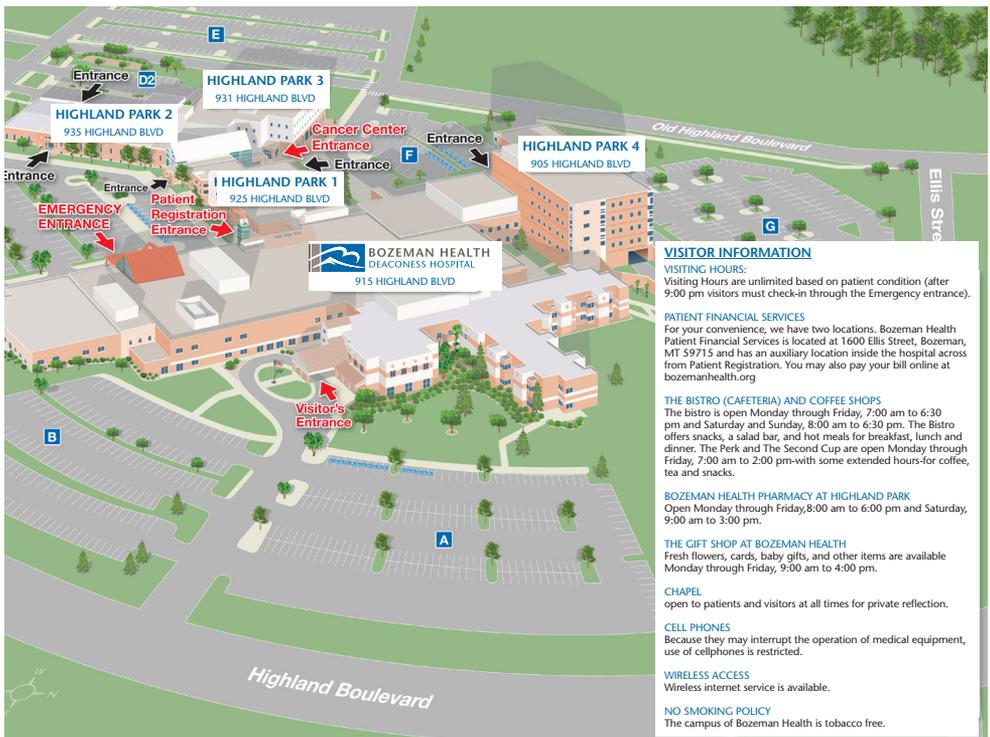
\_\_\_ Personal toiletries (hairbrush, comb, toothbrush, tooth paste, deodorant).  
\_\_\_ Eye glasses, contact lens cases, dentures, denture cup, hearing aide and cases.  
\_\_\_ For children, bring their favorite toy and blanket.  
\_\_\_ Complete medication list.  
\_\_\_ Crutches, cane, walker (if applicable).

- \_\_\_ Pillows and blanket for a comfortable ride home.
- \_\_\_ Please do not bring valuables (money, jewelry, credit cards). The hospital does not assume liability for lost items.
- \_\_\_ Make arrangement for a responsible adult to drive you home. You may need to provide them with money to pay for post surgical prescriptions.



# DIRECTIONS TO BOZEMAN HEALTH PERIOPERATIVE AND SURGICAL SERVICES

- From Highland Blvd., turn west on Ellis Street
- Proceed on Ellis Street, following signs for Highland Park 4
- Turn left onto Old Highland Boulevard
- Turn left into Parking Lot
- Proceed to park in Parking Lot G
- Proceed to Entrance of Highland Park 4 building
- Take elevator to second floor: Perioperative Services









**BOZEMAN HEALTH**  
DEACONESS HOSPITAL

915 Highland Blvd | Bozeman, MT 59715  
Tel: (406)414-1600 | [www.bozemanhealth.org](http://www.bozemanhealth.org)