



Notice of Physician Ownership Disclosure

NOTICE TO PATIENTS As a prospective patient of LSSH, we would like to inform you of the following:

DISCLOSURE OF PHYSICIAN OWNERSHIP

1. Lafayette Surgical Specialty Hospital is owned by physicians and meets the federal definition of a physician owned hospital as specified in 42 CFR 489.3. Your physician, _____, has a financial ownership in the hospital. A list of the Hospital's physician owners is available upon request.
2. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Lafayette Surgical Specialty Hospital.
3. You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

DISCLOSURE OF EMERGENCY RESPONSE PLAN

1. Lafayette Surgical Specialty Hospital has arranged for one or more physicians to be on-site at the Hospital and/or available to respond to medical emergencies. However, we cannot guarantee that a physician will be present at the Hospital at all times. The Hospital has taken certain measures to ensure that qualified and properly trained medical personnel are available to respond to medical emergencies that may arise when a physician is not present at the Hospital.
2. The Hospital will meet the medical needs of any patient who develops an emergency medical condition at a time when no physician is present in the hospital.
 - There is a physician emergency call list provided by your doctor.
 - The Hospital is able to provide resuscitation and other basic life saving measures at all times.
 - The Hospital has a systematic process for transfer of patients requiring emergency care to appropriate area hospitals.
 - The Hospital communicates through dispatch with Acadian Ambulance for transfer of patients in case of a patient emergency.

NOTICE OF BALANCE BILLING DISCLOSURE

HEALTHCARE SERVICES MAY BE PROVIDED TO YOU AT NETWORK HEALTHCARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY BASED PHYSICIAN CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.

You may request, a list of facility based physicians which provide information for each individual or group of hospital contracted anesthesiologist, pathologist, radiologist, hospitalist who provide services at our facility.

Information given

You may request information from your health insurance issuer as to whether those physicians are contracted with the health insurance issuer and under what circumstances the enrollee or insured may be responsible for payment of any amounts not paid by the health insurance issuer.

Based on LSSH insurance verification guidelines; your health plan is/are:

Insurance Name (1) : _____ In – Network Out of Network

Insurance Name (2): _____ In – Network Out of Network

We honor In-Network Deductibles, Co-Insurance & Co-Pay Benefits for non-contracted payers.
Please contact a Patient Representative for additional information.

Acknowledgment of Disclosure

If you have any questions regarding the information contained in this Notice to Patients, please feel free to ask your physician or a representative of Lafayette Surgical Specialty Hospital. We welcome you as a patient and value our relationship with you.

Your signature will acknowledge that you have read and understand the foregoing Notice to Patients.

Signature of Patient / Parent / Guardian Date/Time Initials/Review Date/Time

