

- 2809 W. Charleston Blvd., Ste. 100 Las Vegas, NV 89102 (**Enter West Side of Building**)
 - 1569 E. Flamingo Road, Las Vegas, NV 89119 (**Enter South Side of Building**)
- Phone: (702) 476-1800 Fax: (702) 476-9500

Procedure: _____

PRE-PROCEDURE INSTRUCTIONS FOR ADULTS

Your planned procedure may involve sedation, therefore please follow the instructions below for your safety:

1. It is important that you take **ALL** prescribed medications the night before and the morning of your procedure. The exceptions are:
 - **Aspirin and Blood Thinners:** Please refer to the Anticoagulation Guideline that has been provided to you. The timeframe to stop anticoagulants is different for epidurals & stimulators, than that for facets. Speak with your primary care provider (PCP) or specialist prior to stopping anticoagulants.
 - **Insulin and all Diabetes Medications:** See instructions sheet for diabetic patients.
 - **Vitamins and Herbal/Homeopathic Supplements:** Discontinue these the night before and the morning of your procedure.
2. Please ensure that you take your antihypertensives (high-blood pressure medications): Take your morning dose with a sip of water when you wake up. If your blood pressure is elevated, your procedure may be cancelled.
3. If you have been taking antibiotics for a recent illness, you need to complete the regimen prior to undergoing your procedure.
4. It is important that you follow the instructions regarding eating and drinking carefully, to ensure the highest safety. Please adhere to the following:
 - **Last Meal Before Surgery:** No solid foods within 8 hours of your procedure, this includes gum, candy, or mints. No meats, fried foods, or fatty foods within 8 hours of your procedure.
 - **Last Clear Fluids Before Surgery:** No clear liquids within 8 hours of your procedure. You may swish and spit water to moisten your mouth.
 - **Risk:** Having food or liquids in your stomach at the time you are placed under anesthesia puts you at risk for **ASPIRATION PNEUMONIA**. This occurs when stomach contents flow into the lungs, which can be deadly.
 - **If you Need to Take Medications:** Take with 2oz. of water – no milk, juice, or coffee. You need to brush your teeth and gargle with mouthwash.
 - **Asthma:** If you have asthma bring your inhaler on the day of your procedure.
5. It is necessary to arrive at the time given to you for your appointment. This allows review of all paperwork, obtaining your medical history, and preparing for your procedure.
6. Wearing contact lenses, false eyelashes, eye makeup, and especially mascara, is discouraged because it may cause particles to get trapped in the eyes during anesthesia when natural tearing and blinking do not occur. Corneal abrasions (scratches) can result.
7. If you have artificial nails, please have 1 nail without nail polish, acrylic, or gel. This will allow the monitor to clip to your finger and read how well you are being oxygenated.
8. Wear loose, comfortable clothing that is easy to remove and put back on. Avoid large belts, jewelry, watches or bringing valuables with you.
9. Bring your identification and insurance cards.
10. **You must have a responsible adult/driver** if you are having sedation. Please advise them that they will need to wait at our facility.

PRE-PROCEDURE INSTRUCTIONS FOR DIABETIC PATIENTS**Patients NOT on Insulin:**

- **Morning Procedures:** **DO NOT** take any oral medications prescribed for diabetes.
- **Afternoon Procedures:** Take **ALL** oral medications **EXCEPT** Metformin, with a plain slice of toast at least 8 hours before the procedure.

Patients on Insulin (Bring your medications/supplies the day of your procedure):

1. If you take **Short-Acting Insulin** (Regular, Humalog, Novolog, Apidra, & Fiasp)
 - **Morning Procedures:** Take normal dose at bedtime. **DO NOT** take regular insulin on the morning of the procedure unless blood sugar is more than 250, then only take ½ the dose.
 - **Afternoon Procedures:** Take normal dose in the morning at least 8 hours before the procedure, with a plain slice of toast. *(Must have a slice of plain toast 8 hours before in order to use the Short-acting insulin for the afternoon procedures).*
2. If you take **Long-acting insulin/Combination Insulin** (Lantus, NPH, Ultra-lente, 70/30, Levemir, Tresiba & Toujeo)
 - **Morning Procedures:** Take ½ the dose at bedtime the night before your procedure. **DO NOT** take any long-acting insulin the morning of your procedure.
 - **Afternoon Procedures:** Take ½ Dose before procedure with a plain slice of toast at least 8 hours prior to the procedure. *(Must have a slice of plain toast 8 hours before in order to use the Long-acting insulin for the afternoon procedures).*
3. **Insulin Pump**
 - Speak to your primary care provider (PCP) or endocrinologist and bring extra supplies with you.
 - Leave pump running and check your blood glucose 4 hours prior to procedure time. If your levels drop below 80, discontinue infusion. Otherwise, continue your pump but inform the pre-operative nurse upon arrival. You must have your blood glucose checked frequently while you are fasting.
 - It is strongly recommended to have your procedure scheduled early in the morning, and not extend fasting for longer than 8 hours.

GENERAL RECOMMENDATIONS

It is suggested that all diabetics attempt to have procedures performed early in the morning to lessen the possibility of afternoon hypoglycemia. Inform the nurse that you are diabetic, so they can monitor you closely.

Prior to leaving your house to drive to the surgery center, check your blood glucose level. If your glucose level is low, you may drink 4oz. of a clear, sugar-containing drink (e.g., apple juice, etc.).

If your blood glucose level is not usually high, but suddenly is, contact your primary care provider (PCP) or specialist, as this may signify an infection or other illness.

In general, if you present for an elective procedure with blood glucose levels greater than 200, it may be recommended that you do not receive steroid medication.

It is imperative that you carefully monitor your diabetes, as the risk for post-procedure stroke, heart attack and kidney failure are higher than non-diabetics. It is recommended that you review these instructions with your primary care provider or specialist as always, when in doubt, ASK QUESTIONS!

DISCLOSURE STATEMENT

- WHAT WE ARE:** A surgical facility performing pain management procedures, licensed in the state of Nevada.
- WHO WE ARE:** An outpatient surgery center owned by physician partner's and Surgery Partners to provide a safe and comfortable medical facility that will provide efficient and effective services to patients.
- WHY WE WERE OPENED:** Outpatient care has been proven to increase patient comfort through personalized care while delivering quality services. Nevada Surgical Suites and its staff aim to provide personal attention and quality services to their patients.
- YOUR RIGHT AS A PATIENT:** You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
- YOUR CHOICE:** Please discuss any questions and concerns with your surgeon, if you may want to have your procedure at an alternative health care facility.
- CREDENTIALS:** All of the physicians and anesthesiologists have been credentialed according to the Medicare and AAAHC standards. Information is available upon request.
- PATIENT GRIEVANCES:** If you have complaints or concerns in regard to your care here, you are encouraged to speak to our administrator at (702) 430-7591 or file a formal grievance in writing,
- MALPRACTICE INSURANCE:** Nevada Surgical Suites and your medical team have malpractice insurance to meet the State of Nevada requirements.
- ADVANCED DIRECTIVES:** If you have an advanced directive or living will, the center will still transfer you to the closest hospital which will make decisions about following any advanced directives or living will. You have the right to have your living will present in your medical record at the center and to be informed of the center's policy prior to the date of admission. State information and forms can be found at the following website: <http://dhcftp.state.nv.us/advanceddirectives.htm>

Patient Grievances / Complaints:

- Write:** Nevada Surgical Suites Administrator
2809 W. Charleston Blvd., Suite 100
Las Vegas, NV 89102
- Visit:** <http://nevadasurgicalsuites.com/contact/>
- Call:** Complaint hotline at (702) 430-7591

For the Nevada Department of Health and Human Services:

- Write:** Nevada BHCQC
4220 Maryland Parkway Suite 810, Bldg. D
Las Vegas, NV 89119
- Visit:** http://health.nv.gov/HQCQ_Healthfacilities.htm#Complaint
- Call:** Complaint hotline at (702) 486-6515
- For Medicare:** Office of the Medicare Ombudsman at www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

A patient has the right to:

- be treated with courtesy and respect, with appreciation of individual dignity, and with protection of the need for privacy in a safe setting.
- be free of all forms of abuse and harassment.
- a prompt and reasonable response to questions and requests
- know who is providing medical services and who is responsible for the patients care.
- know what patient support services are available, including whether an interpreter is available if the patient does not speak English.
- know what rules and regulations apply to the patients conduct.
- be given by the patient's health care provider information concerning diagnosis, a planned course of treatment, alternatives, risks, and prognosis.
- refuse treatment, except as otherwise provided by law.
- be given, upon request, full information and necessary counseling on the availability of known financial resources of the patients care.
- know, upon request and in advance of treatment, whether the health care provider or health care facility accepts Medicare assignment rates.
- receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- receive a copy of a reasonable clear and understandable, itemized bill and, upon request, to have charges explained.
- impartial access to medical treatment or accommodations, regardless of race, sex, national origin, religion, physical disability, or source of payment without reprisal.
- treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- know if medical treatment is for purposes of experimental research and to give consent or refusal to participate in such experimental research.
- express concerns regarding any violation of patient rights.
- voice grievances regarding treatment or care that is (or fails to be) provided.
- have the right to change primary or specialty physicians, if other qualified physicians are available.

A patient is responsible for

- providing to the medical team, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
- reporting to the health care provider whether the patient comprehends the contemplated course of action and what is expected of the patient.
- following the treatment plan recommended by the patient's health care provider.
- keeping appointments.
- their actions if they refuse treatment or do not follow the health care provider's instructions.
- assuring that the financial obligations of the patient's health care are fulfilled as promptly as possible.
- following healthcare facility rules and regulations affecting patient care and conduct.
- being respectful of all the health care professionals and staff, as well as other patients.

Complaints:

If you have any questions or concern about your rights or responsibilities, please let us know. We want to ensure that we provide you with excellent service, including answering your questions and responding to your concerns.

Nevada Surgical Suites Administrator (702) 430-7591

Please acknowledge receipt of these rights and responsibilities below:

Signature of Patient/Legal Representative: _____ Date: _____

You may also choose to contact the licensing agency of the state.

DPBH at 775-684-1030, 727 Fairview Dr., Ste E, Carson City, NV 89701

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at:

1-800-Medicare (1-800-633-4227) or online at www.Medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html



NOTICE OF ADVANCE DIRECTIVES POLICY

To: All Patients and Staff

Policy: In an ambulatory setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to our facility indicates the patient will tolerate the planned procedure in the ambulatory setting without difficulty. If any patient should suffer cardiac arrest, or any life-threatening condition, the patient will be transferred to a higher level of care (nearest hospital).

Any patient who has a planned procedure is welcome to present an Advanced Directive. It is our policy to institute resuscitative measures on **any patient requiring them**, and have the patient transferred to a hospital. It is after transfer of the patient to the hospital that the Advanced Directive can be made known and followed.

If the patient desires, we can maintain a copy of the Advanced Directives and a copy of this will be transferred along with the patient in the event of an emergency. Patients (or their representative) have the right to make informed decisions concerning their care.

Any patient who disagrees with this policy must address the issue with their physician prior to signing the acknowledgment of this policy.

All patients must be informed of this policy **prior to surgery**, so the patient will have the opportunity to consider and discuss concerns.

All patients must receive information on where they can learn about a Living Will/Advanced Directives:

Nevada Center for Ethics and Health Policy at:

<https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>

PLEASE FEEL FREE TO CALL ANYTIME REGARDING THIS POLICY.

Do you have an Advance Directive? ___Yes___ No

By signing this document, you are acknowledging that you have read and understood the above policy.

Signature of Patient: _____ Date: _____



**PHYSICIAN OWNERSHIP DISCLOSURE FORM
NOTICE TO PATIENTS**

In accordance with Federal ASC Regulations 42 C.F.R. § 416.50(b), the following ownership disclosure is made in advance of the procedure.

We would like to advise you, the physicians of Nevada Comprehensive Pain Center are owners and have a financial interest in Nevada Surgical Suites. We want to make sure you understand that you are not required to use Nevada Surgical Suites and have the option to use an alternative healthcare facility.

You will not be treated differently by your physician if you choose to obtain health care services at a facility other than Nevada Surgical Suites.

We can discuss with your alternative locations where you may receive services.

By signing this Disclosure of Physician Ownership, you, or your legal representative, acknowledge that you have read and understand the foregoing notice. This disclosure has been made in advance of the procedure, and that you have decided to have the procedure performed at Nevada Surgical Suites.

Signature of Patient or Patient Legal Representative

Date

FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

Dear Patient,

Thank you for choosing Nevada Surgical Suites for your health care needs.

Payment for services is due at the time services are rendered. We accept cash, MasterCard, Visa, and Discover. We will submit an insurance claim on your behalf. Please notify our facility immediately if your insurance information changes.

- All deductibles, coinsurance and copays are due at the time of service and must be paid by cash, or credit/debit. No checks will be accepted for copays.
- As a courtesy Nevada Surgical Suites verifies your benefits with your insurance prior to your scheduled procedures. A quote of benefits is an estimate and is not a guarantee of payment. Claims will process according to your plan and the final patient responsibility will be determined at that time.
- Your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. Our relationship is with you. You are responsible to know your insurance benefits. We can assist you in finding sources for this information.
- Once claims have processed, Nevada Surgical Suites will send you a patient statement for any balances due. If you have any questions or disputes it is your responsibility to contact our billing department within 30 days. Please make sure that you update us with any changes of address.
- You have the right to waive your insurance at any time. If you do not inform us of your insurance carrier information at the time of service, you are voluntarily waiving your right to use your insurance, and will be responsible for the fees incurred.
- We will release any requested medical records or documents to your insurance carrier if required.
- Our office will attempt to collect fees from your insurance carrier. If your carrier denies payment, these fees will be transferred to you.
- ANY RETURNED CHECKS WILL BE SUBJECT TO A \$50 FEE.
- All scheduled procedures are subjected to a \$200 "No show" fee unless cancelled within 24 hours prior to the appointment date. This fee is not billable to any insurance or attorney and is payable prior to any future visits.
- Financial arrangements may be made in advance of the procedure date through our billing department.
- You are responsible for any collection fees, legal fees, or court costs for balances not paid.

If you have any questions or concerns, please ask our staff.

By signing this form, you acknowledge that you have read and accept this agreement.

Patient Signature

Date



ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have been informed of, reviewed, and given the opportunity to secure a copy of the Nevada Surgical Suites Notice of Privacy Practices. The Notice of Privacy Practices explains how my protected health information may be used and disclosed for purposes of my treatment, payment for services, and the performance of our office health care operations. It also outlines my rights, as well as the responsibilities and duties of this office with respect to my protected health information. I understand that I may request a copy of the full Notice of Privacy Practices. Nevada Surgical Suites reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we obtain. I have read and agree with the terms, and I understand that I may request and receive a copy at any time.

Signature of Patient: _____

Date: _____

Signature of Legal Representative: _____

Relationship: _____

Signature of Witness: _____

(Witness attesting only that the above signature is that of the patient or the patients authorized representative.)

Date: _____



NEVADA SURGICAL SUITES

Pre-Procedure Scheduling Anticoagulation Guidelines

Drug	When to Stop		
	Epidurals, Stimulator (Trial & Implant), Advanced Spine Procedures, Vertebral Augmentation	Cervical Facet/RFA, Deep Visceral Blocks (Trigeminal/Sympathetic)	Peripheral Nerve Blocks, SI Joints, Thoracic/Lumbar Facet/RFA (Non-Cervical)
Aspirin			
Aspirin & Aspirin Combinations	6 Days	6 Days	No
Excedrin & OTC Aspirin Combo (Non-Routine)	6 Days	4 Days	No
NSAIDs			
Celecoxib (Brand: Celebrex)	4 Days	No	No
Diclofenac (Brand: Cataflam, Voltaren)	1 Day	No	No
Etodolac (Brand: Lodine, Lodine XL)	2 Days	No	No
Ibuprofen (Brand: Advil, Motrin)	1 Day	No	No
Combunox (Oxycodone/Ibuprofen)	1 Day	No	No
Duexis (Ibuprofen Combination)	1 Day	No	No
Indomethacin (Brand: Indocin, Tivorbex)	2 Days	No	No
Ketorolac (Brand: Toradol)	1 Day	No	No
Meloxicam (Brand: Mobic, Vivlodex)	4 Days	No	No
Nabumetone (Brand: Relafen)	6 Days	No	No
Naproxen (Brand: Aleve, Anaprox, Naprosyn)	4 Days	No	No
Vimovo (Naproxen Combination)	4 Days	No	No
Oxaprozin (Brand: Daypro, Daypro Alta)	10 Days	No	No
Piroxicam (Brand: Feldene)	10 Days	No	No
Phosphodiesterase Inhibitors			
Cilostazol (Brand: Pletal)	2 Days	No	No
Dipyridamole (Brand: Aggrenox)	2 Days	No	No
Anticoagulants/Antithrombotics			
Apixaban (Brand: Eliquis)	3 Days	3 Days	No
Clopidogrel (Brand: Plavix)	7 Days	7 Days	No
Edoxaban (Brand: Savaysa)	3 Days	3 Days	No
Dabigatran (Brand: Pradaxa)	4 Days	4 Days	No
Heparin (Subcutaneous)	6 Hours	6 Hours	6 Hours
LMWH Prophylactic (Generic: Dalteparin, Brand: Fragmin) (Generic: Enoxaparin, Brand Lovenox) (Generic: Tinzaparin, Brand: Innohep)	12 Hours	12 Hours	12 Hours
LMWH Therapeutic (Generic: Dalteparin, Brand: Fragmin) (Generic: Enoxaparin, Brand Lovenox) (Generic: Tinzaparin, Brand: Innohep)	24 Hours	24 Hours	24 Hours
Prasugrel (Brand: Effient)	7 Days	7 Days	No
Rivaroxaban (Brand: Xarelto)	3 Days	3 Days	No
Ticagrelor (Brand: Brilinta)	5 Days	5 Days	No
Cangrelor (Brand: Kengreal)	3 Hours	3 Hours	No
Warfarin (Coumadin)	5 Days	5 Days	No
Acenocoumarol (Coumadin Derivative)	3 Days	3 Days	No
Fibrinolytics			
Fondaparinux (Arixtra)	4 Days	4 Days	No

* Patients must obtain approval of primary care provider (PCP) or specialist prior to stopping anticoagulants.

* Elderly, liver cirrhosis or advanced liver disease, and advanced renal disease have higher tendency for bleeding.

Source: American Society of Regional Anesthesia and Pain Medicine Last Revised: 10-22-2025

