



Doc Bresler's Cavity Busters

Exceptional Dentistry for Children and Teens

David A. Bresler D.D.S. Joshua A. Bresler D.M.D. Jason M. Bresler D.M.D.
and Associates

RED LION SURGICENTER

240 Geiger Road Philadelphia, PA 19115 (215) 676-2232 Fax (215) 676-7130



Dear Parent(s):

Attached you will find the necessary paperwork for your child to be scheduled at the Red Lion Surgicenter. At that time, all necessary dental treatment will be completed.

Red Lion Surgicenter requires all patients to be seen by their pediatrician or primary care physician within 30 days of the scheduled procedure. Please take the attached history and physical form (pink paper) to the physician's office for completion. It is your responsibility to return the completed form to the Surgicenter promptly.

Please fill out the attached yellow forms and send back to the Surgicenter with a **copy of your child's medical insurance card**, front and back.

Please understand that we have many patients waiting for these valuable OR appointments. These appointments require a commitment on your part to make your child's dental care a priority. While we understand that emergencies arise, please be advised that if you cancel your child's appointment without proper notice, or if you fail to present for care on the day your child is scheduled, your child will be moved to the end of our waiting list. In the event your child is ill, a doctor's note may be presented to avoid being moved to the end of the waiting list.

Because of the skilled staff and OR personnel involved, failure to show up for two consecutive surgery appointments will result in your termination as a patient at Doc Bresler's Cavity Busters.

You must have a ride to take you home. You cannot take public transportation home.

We appreciate your cooperation and understanding in this matter.

OR Coordinator

2BD ANESTHESIA, PC

Dear Parent,

Re: Anesthesia for Dental Surgery

When your child is scheduled to have dental surgery performed at Red Lion Surgicenter, he or she may require anesthesia for their procedure. 2BD Anesthesia has contracts with almost all of the local health insurance companies. However, payment for anesthesia services for dental procedures is viewed very differently by insurances. It is driven primarily by the specific individual policy as to whether the service is covered or not covered.

If anesthesia is required, we request that you do the following:

1. Please call your insurance company to see if your individual plan covers “anesthesia services for dental surgery at Red Lion Surgicenter”.
2. If your carrier does not cover anesthesia services for dental procedures, we recommend you contact your employer’s Human Resources department to verify this information.
3. If your insurance does not cover anesthesia services for dental procedures, please see the fee schedule below:

Self-Pay Fees

Per case: \$460 for first hour
 \$120 per each half hour thereafter

If you have any questions, please feel free to call our billing office at 800-242-1131, extension 4192.

November 1, 2019

RED LION SURGICENTER

240 Geiger Road Philadelphia, PA 19115 (215) 676-2232 Fax (215) 676-7130



THE FOLLOWING ITEMS MUST BE COMPLETED AND/OR RECEIVED IN ORDER TO SCHEDULE YOUR CHILD FOR DENTAL TREATMENT

1 ST PAGE OF YELLOW PAPERWORK (Oral Rehab Booking Information)- YOU MUST INDICATE YOUR **MEDICAL INSURANCE** NOT YOUR DENTAL INSURANCE INFORMATION.

YOU MUST SUPPLY A COPY OF YOUR **MEDICAL INSURANCE CARD**, FRONT AND BACK, A MINIMUM OF 1 WEEK PRIOR TO THE APPOINTMENT. IF NOT RECEIVED YOU MAY BE RESPONSIBLE FOR THE FACILITY AND ANESTHESIA FEES.

If you are other than the natural mother or father and have legal responsibility for the child, we require a copy of the document appointing you legally responsible. This information is necessary as only the legally responsible party can sign the Consent for Anesthesia and Conditions of Admission on the day of surgery.

YOU MUST HAVE A RIDE HOME. YOU CANNOT TAKE PUBLIC TRANSPORTATION HOME.

Signature of Patient/Parent or Legal Guardian

Date

(Rev. 6/10)

RED LION SURGICENTER

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ORAL REHAB BOOKING INFORMATION

Patient Name: _____ Nickname: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: M ___ F ___

Race: _____ Religion: _____ SSN: _____

Home Address: _____
Street City State Zip

Home Telephone: (____) _____ Cell No.: _____

Parent/Guardian Infomation

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone #.: Home: _____ Cell: _____ Phone #.: Home: _____ Cell: _____

SSN.: _____ D.O.B. _____ SSN.: _____ D.O.B. _____

Employer: _____ Phone#: _____ Employer: _____ Phone#: _____

Email: _____ Email: _____

Relationship to child: _____ Relationship to child: _____

Child's Medical Insurance Information

Primary Medical Insurance:

Insurance Company: _____

Subscriber: _____

ID#: _____ D.O.B. _____

Employer: _____

Secondary Medical Insurance

Insurance Company: _____

Subscriber: _____

ID#: _____ D.O.B. _____

Employer: _____

I certify that the insurance(s) listed here represent all coverage(s) in place as of today.

Signature (Parent/Guardian)

Relationship to Child

Date

You may fax your paperwork to (215) 676-7130 or email it to redlion@secure.cavitybusters.com



Dear Patient/Family:

Patients requiring the services of an Anesthesiologist will be seen personally prior to surgery. This Health Survey allows us to identify patients who may need specialized instructions. We depend on this Survey, along with information provided by your practitioner and the child's primary care physician, to develop a plan for the patient's care. Please complete all sections of this Survey to the best of your ability. Please PRINT clearly.

Patient Name:		Primary Physician:	
		Office Phone :	
Home Phone:	Daytime Phone:	Weight:	Age:
	Cell Phone:		

PLEASE CHECK ANY BOXES THAT APPLY TO YOUR CHILD'S MEDICAL HISTORY**Airway issues:**

- tracheotomy (now or in past)
- chronic ventilator care
- craniofacial abnormalities
- severe snoring (sleep apnea)

Lung issues:

- cystic fibrosis
- moderate-severe asthma, i.e.
 - hospitalized for asthma within the past 3 months
 - acute flare-up of asthma within the past month
 - steroid-dependent
- any requirement for home oxygen therapy
- other severe chronic lung problem

Congenital heart disease:

- incomplete surgical repair of congenital heart defects
- untreated or residual heart disease
- receiving heart medications (digoxin, diuretics, antiarrhythmics, antihypertensives)
- prolonged Q-T syndrome

Endocrine/Metabolic/Genetic issues:

- insulin-dependent diabetes mellitus
- untreated thyroid disease
- chronic kidney or liver disease
- genetic metabolic diseases
- Down Syndrome with active heart disease or neck instability
- severe obesity

Gastrointestinal issues:

- severe or uncontrolled reflux

Musculoskeletal issues:

- juvenile rheumatoid arthritis
- connective tissue diseases such as scleroderma, lupus, etc.

Hematologic/Oncologic issues:

- cancer (untreated or in the middle of treatment)
- sickle cell anemia
- easy bruising or blood clotting problems
- family history of bleeding tendency

Neurologic issues:

- new onset or poorly controlled seizures
- cerebral palsy with significant spasticity
- muscle disease or weakness

Miscellaneous allergies or sensitivities:

- Pseudocholinesterase deficiency
- severe latex allergy
- malignant hyperthermia (confirmed or "susceptible" by history)

Previous Surgery

- history of difficult or complicated intubation
- family history of major problems with surgery or anesthesia

 OTHER: _____ **NONE APPLY TO MY CHILD**List all medications the patient is presently taking: None _____List all previous surgery: None _____List all allergies (food, drug, other substances): None _____

Do you have anything specific you want to discuss with the Anesthesiologist? _____

Parent Signature_____
Date

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CONSENT OF FINANCIAL RESPONSIBILITY

Even though we will check with your insurance company to determine if you need to have a prior authorization, ultimately you are responsible for any specific policies or penalties required by your insurance company to see if your plan has any conditions you need to know about.

In the event the service is not covered by your insurance company, you are financially responsible for the services provided.

If your insurance company does not pay the entire bill, we will send you a statement to notify you of any remaining unpaid balances. Whatever your insurance company does not pay is your responsibility.

Please remember that due to age, behavior, or Special Needs issues, your child's dental work may be significantly more involved than originally thought once x-rays are reviewed and a thorough treatment plan is completed.

Major credit cards, cash, checks, and Care Credit are accepted methods of payment for your portion of the bill. If you have problems with your portion of your bill, please let us know.

Patient/Parent or Legal Guardian

Date

(Rev. 6/10)

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ADVANCE DIRECTIVE NOTICE

Dear Patient,

Federal regulations require that we inform you in advance of the date of your procedure our policies regarding Advance Directives:

1. Red Lion Surgicenter is a "Full Code" facility. By this we mean that every medical intervention available to us will be used to insure that your procedure has a successful outcome including any and all available resuscitative measures in the case of a medical emergency.
2. We request that all patients who have executed an "Advance Directive" inform us of this fact as soon as possible. Upon notification we will explain our "Full Code" policy in more depth and gain a better understanding of the directives that you have stipulated in the event of a medical emergency.
3. Patients who have executed an "Advance Directive" which include directives that conflict with Red Lion's "Full Code" policy may at anytime decide to cancel their procedure and have it rescheduled at a facility of their choice.

Signature of Patient/Parent or Legal Guardian

Date

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POLICIES & PROCEDURES

Zero Balance Facility: We do NOT bill patients – only insurance companies. Red Lion Surgicenter will bill your medical insurance company. Any portion of your billed not covered by your insurance is your responsibility. Payment for co-pays and non-covered services are due at the time of treatment. We accept cash, check and major credit cards. We also have no interest and low interest payment plans through Care Credit. Please ask for information.

Leaving the Surgicenter: Please do not leave the office during your child's visit. Treatment plans sometimes change during the procedures and the doctor may need to speak with you.

Cancellation Policy: You must call us 48 hours in advance if you cannot make your appointment.

Please be advised that the actual **dental** services performed are billed to your **dental** insurance plan. Your **medical** insurance plan is billed for use of the facility, nursing, medical supplies and anesthesia services only. Medical insurance companies do require a complete list of procedures performed, however they will not cover or make payments on any dental procedures.

Predeterminations: These are only estimates. Your insurance company will not provide us a 100% accurate fee until the work is completed and they have received your claim form from us. We try to gather as much information as we can, but please remember that insurance is a contract between you and your insurance company.

By signing this form, you acknowledge that you have received this form and adhere to the policies of the Red Lion Surgicenter.

Signature of Patient/Parent or Legal Guardian

Date

(Rev. 6/10)



1. **ABSOLUTELY NO FOOD AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.**
 - NOTHING to eat after midnight the night before surgery, INCLUDING gum, hard candy or cough drops. Alternative instructions MAY be provided for children. The nurse will alert you to these during the pre-operative phone call (see # 3 below).
 - Do not send your child to school or daycare the morning of their procedure since it is impossible to guarantee that they will not eat or drink anything.
2. The patient may brush their teeth, but do NOT swallow any liquid.
3. A Surgicenter nurse will call you 2 business days before the procedure to give you further instructions and to tell you whether the patient should take any medications the morning of surgery.
4. Please contact the Surgicenter if your child becomes sick within the 2 weeks prior to surgery with any symptoms of a **SEVERE** upper respiratory infection (fever, sore throat, hoarseness, bad cough, wheezing).
5. **AN ADULT MUST ESCORT THE PATIENT AT THE TIME OF DISCHARGE AND HAVE A RESPONSIBLE ADULT AT HOME WITH THEM FOR 24 HOURS AFTER THE PROCEDURE.**
6. The patient should wear loose, comfortable clothing (short sleeve shirts are preferred).
7. The patient should not wear contact lenses; they should wear glasses. NO eye or face makeup.
8. The patient should leave all jewelry and valuables at home: The Surgicenter is unable to store them. **THE SURGICENTER WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS.**
9. If you fail to follow these instructions, a potentially dangerous situation could arise and may lead to the cancellation of the procedure.
10. If you have any questions, call the Surgicenter between the hours of noon and 3 p.m. one or more days before the procedure.
11. Be aware that if the patient's condition requires additional care, arrangements will be made to transfer the patient to a local hospital.
12. To insure safety and confidentiality, we do not routinely allow family members or companions in our recovery room. One parent will be allowed to sit with pediatric patients.

I have read, received and understand the above instructions: _____

Patient/ Responsible Party (Signature)

Patient Name (print): _____

Responsible Party (print) _____

Date: _____



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You may refuse to sign this acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please print name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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Authorization to Release Information

I hereby give permission to Red Lion Surgicenter to obtain medical information regarding:

Patient's Name:

Date of Birth:

I understand that these records will be utilized to schedule my child in the Red Lion Surgicenter to have all his/her dental treatment performed.

Signature of parent/guardian

Relationship to patient

Date

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Dear Parent:

Your child must be seen by his/her physician for a pre-surgical clearance. Attached is the health evaluation form that must be completed by your child's physician at the time of examination in order to have his/her dental treatment done at the Red Lion Surgicenter.

Please return this original pink evaluation form to the OR Coordinator in the self-addressed, stamped envelope. As soon as we receive it, we will contact you to schedule your child for surgery.

If you have any questions, please contact our office.

Thank you.
OR Coordinator

RED LION SURGICENTER

240 Geiger Road Philadelphia, PA 19115 (215) 676-2232 Fax (215) 676-7130



Dear Doctor:

Our most recent dental examination revealed multiple carious teeth (ICD #521.0), and acute stress reaction (ICD #308.9) and a child totally incapable of safely receiving dental treatment in the office. Due to the extensive nature of the dental disease and the child's inability to tolerate treatment in the regular out-patient setting, we feel it would be in this child's best medical interest to perform treatment under general anesthesia. Further, since we believe in the care of the total child, we follow the policies with respect to protection of the developing psyche which have been adopted by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry. It is in this child's best medical interest to be treated under general anesthesia.

The Red Lion Surgicenter is a free-standing, state-of-the-art, beautiful facility just off of Red Lion Road in Northeast Philadelphia. It is comprised of 3 Class C operating rooms (meaning full general anesthesia and/or sedation), a 6 bed PACU and a 3 bed step-up/step-down unit. **Red Lion Surgicenter is the only Ambulatory Surgical Center in the nation dedicated to treating children and special needs adults for dental care.** Over 1000 pediatric cases are performed successfully every year.

Patient selection is reviewed and approved by a Pediatric Anesthesiologist. **All care is overseen by a Pediatric Anesthesiologist and Certified Registered Nurse Anesthetist** (CRNA) who are present at all times, from sedation to discharge. Our medical staff and nursing staff are ACLS/PALS certified.

The information you provide on the history and physical form will be utilized by the Pediatric Anesthesiologist to determine the safest method of treatment to accomplish our goals of completing comprehensive dental care.

Thank you in advance for your cooperation,

Joshua A. Bresler DMD
Medical Director, Red Lion Surgicenter



☞ Your child must be seen by the pediatrician or primary care physician within 30 days of the scheduled procedure. ☞

Red Lion Surgicenter is a Pennsylvania Department of Health & AAAHC certified Ambulatory Surgery Center. It is the only surgery center in the nation dedicated to providing dental care under general anesthesia for children and special needs adults. All anesthesia is provided by Board Certified Pediatric Anesthesiologists. Pennsylvania law requires a history and physical within 30 days of treatment in an ambulatory center. Please complete this form and return it to the patient for forwarding to the Surgicenter or mail/fax the completed form to the address provided above. Thank you for participating in this patient's care.

Patient Name: _____ DOB: _____

Pre-Op Diagnosis: Multiple Carious Teeth, Acute Stress Reaction Proposed Procedure(s): Oral Rehab

Allergies: _____

Current Medications: _____

PAST MEDICAL HISTORY (include pulmonary, cardiac, psych) _____

PAST SURGICAL HISTORY _____

PHYSICAL EXAM

HT: _____ WT: _____ AGE: _____ BP: _____ P: _____ R: _____

General Appearance: _____

Check Box If No
Significant Findings

Describe Abnormal Findings

- HEENT _____
- Lungs _____
- Heart _____
- GI/AB _____
- GU _____
- Back _____
- Extremities _____
- Neuro _____

DATA (labs, EKG, etc. if indicated)

IMPRESSION (Please sign and date below)

The above named individual has been examined today. The patient has been found to be in good health, without evidence of infectious disease. There is no contraindication to general anesthesia or surgery as scheduled.

Signature: _____

Print/Stamp Name: _____

Date: _____ Phone: _____

Patient Label

You may fax your paperwork to (215) 676-7130 or email it to redlion@secure.cavitybusters.com

IMPORTANT



DO NOT GIVE YOUR
CHILD ANYTHING TO
EAT OR DRINK AFTER
MIDNIGHT BEFORE
THE PROCEDURE

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THE FOLLOWING ITEMS MUST BE COMPLETED AND/OR RECEIVED IN ORDER TO SCHEDULE YOUR CHILD FOR DENTAL TREATMENT

1ST PAGE OF YELLOW PAPERWORK (Oral Rehab Booking Information)- YOU MUST INDICATE YOUR **MEDICAL INSURANCE** NOT YOUR DENTAL INSURANCE INFORMATION.

YOU MUST SUPPLY A COPY OF YOUR **MEDICAL INSURANCE CARD**, FRONT AND BACK, A MINIMUM OF 1 WEEK PRIOR TO THE APPOINTMENT. IF NOT RECEIVED YOU MAY BE RESPONSIBLE FOR THE FACILITY AND ANESTHESIA FEES.

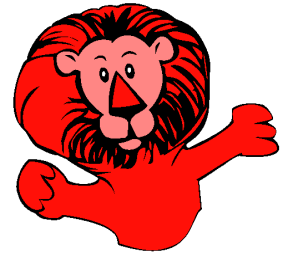
If you are other than the natural mother or father and have legal responsibility for the child, we require a copy of the document appointing you legally responsible. This information is necessary as only the legally responsible party can sign the Consent for Anesthesia and Conditions of Admission on the day of surgery.

YOU MUST HAVE A RIDE HOME. YOU CANNOT TAKE PUBLIC TRANSPORTATION HOME.

(Rev. 3/14)

RED LION SURGICENTER

240 Geiger Road Philadelphia, PA 19115 (215) 676-2232 Fax (215) 676-7130



Directions to the Red Lion Surgicenter (215) 676-2232

From the Roxborough office: Left out of parking lot onto Ridge Ave EAST to Gates St. Left on Gates to Henry Ave. Right on Henry Ave to Roosevelt Blvd (Rt. 1). Left on Rt. 1 North (stay in inner lanes) to Red Lion Rd. Left on Red Lion Rd. to Global Rd. Left on Global Rd. which becomes Geiger Rd. Surgicenter is located at 240 Geiger Rd.

From the South Philly office: Turn right onto Oregon Avenue. Make a right onto S. Front Street. Take exit on right onto 95 North. Exit at Woodhaven Rd. Take Woodhaven Rd. West to Roosevelt Blvd South (Rt. 1) Stay in outer lanes. Make a right onto Red Lion Rd. Follow Red Lion Rd. to Global Rd. Left onto Global Rd. which becomes Geiger Rd. Surgicenter is located at 240 Geiger Rd.

From the Newtown Square office: Take West Chester Pike to 476 North (Blue Route). Take 476 North to the PA Turnpike. Get onto PA Turnpike East to Philadelphia Exit (Route 1 South). Stay in outer lanes. Make a right onto Red Lion Rd. Follow Red Lion Rd. to Global Rd. Left onto Global Rd., which becomes Geiger Rd. Surgicenter is located at 240 Geiger Rd.

From the Jenkintown office: right out of parking lot onto Gordon Rd. Left onto Meetinghouse Rd. to the dead end at Huntingdon Pike. Make a left onto Huntingdon Pike and a right onto Welsh Rd (Shell Station). Make a left at the first light onto Pine Rd. Make a right onto Red Lion Rd., then a right onto Gantry Rd. Make a left onto Geiger Rd. Surgicenter is located at 240 Geiger Rd.

From the Dresher office: left out of parking lot onto Limekiln Pike. Take Limekiln Pike to Susquehanna Rd. Left onto Susquehanna Rd. Take Susquehanna Rd. to dead end and make a left, staying on Susquehanna to the light at Huntingdon Pike. Make a left onto Huntingdon Pike and a right onto Welsh Rd (Shell Station). Make a left at the first light onto Pine Rd. Make a right onto Red Lion Rd., then a right onto Gantry Rd. Make a left onto Geiger Rd. Surgicenter is located at 240 Geiger Rd.

From the Lower Northeast office: Exit the parking lot, turn left onto Bustleton Avenue. Follow Bustleton Avenue to Red Lion Rd. Make a left on Red Lion Rd. to Global Rd. Left on Global Rd. which becomes Geiger Rd. Surgicenter is located at 240 Geiger Rd.

Direcciones para llegar al RED LION SURGICENTER

Desde la oficina de Roxborough: Salga a la izquierda del estacionamiento en Ridge Ave East, hacia Gates st. Gire a la izquierda hacia Henry Ave. Gire a la derecha hacia Roosevelt Blvd (Route 1). A la izquierda en la Route 1 (mantengase en los carriles interiores) gire hacia Red Lion Rd. Gire a la izquierda en Red Lion Rd. hacia Global Rd. A la izquierda en Global Rd que se convierte en Geiger Rd se encuentra el Surgicenter situado en el 240 Geiger Rd.

Desde la oficina de South Philly: En Broad St hacia la 95 North, salga en Woodhaven Rd. Tome Woodhaven Rd. West hacia Roosevelt Blvd South (Route 1) Mantengase en el carril externo. Gire a la derecha en Red Lion Rd. Gire a la izquierda en Red Lion Rd. hacia Global Rd. A la izquierda en Global Rd que se convierte en Geiger Rd se encuentra el Surgicenter situado en el 240 Geiger Rd.

Desde la oficina de Newtown Square: Tome West Chester Pike east hacia la 476 North (blue route). Tome la 476 North hasta la salida para la PA Turnpike east, mantendase en la PA Turnpike east hasta la salida para Philadelphia (Route 1 south), mantengase en los carriles exteriores. Gire a la derecha en Red Lion Rd. Siga en Red Lion Rd y gire a la izquierda en Global Rd. A la izquierda en Global Rd que se convierte en Geiger Rd se encuentra el Surgicenter situado en el 240 Geiger Rd.

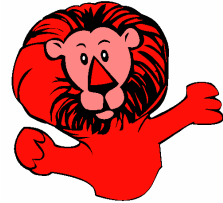
Desde la oficina de Jenkintown: Gire a la derecha en el estacionamiento hacia Gordon Rd. Gire a la izquierda hacia Meetinghouse Rd. continúe hasta el final hacia Huntingdon Pike. Gire a la izquierda hacia Huntingdon Pike y luego a la derecha hacia Welsh Rd. (estacion de servicio Shell). Gire a la izquierda en el primer semaforo hacia Pine Rd. Gire a la derecha hacia Red Lion Rd, luego a la derecha hacia Gantry Rd. Gire a la izquierda hacia Geiger Rd. el surgicenter esta situado en el 240 Geiger Rd.

Desde la oficina de Dresher: Gire a la izquierda al salir del estacionamiento hacia Limekiln Pike. Tome Limekiln Pike y gire a la izquierda hacia Susquehanna Rd. Siga en Susquehanna Rd hasta el final y gire a la izquierda, permanezca en Susquehanna Rd hasta el semaforo con Huntingdon Pike. Gire a la izquierda hacia Huntingdon Pike y luego a la derecha hacia hacia Welsh Rd (estacion de servicio Shell). Gire a la izquierda en el primer semaforo hacia Pine Rd. Gire a la derecha hacia Red Lion Rd, luego gire al derecha hacia Gantry Rd. Gire a la izquierda hacia Geiger Rd. El surgicenter esta situado en el 240 Geiger Rd.

Desde la oficina del Lower Northeast (Brushieland): Desde la derecha o izquierda del estacionamiento tome la direccion hacia Bustleton Ave. Gire a la derecha hacia Red lion Rd. Gire a la Izquierda hacia Global Rd. A la izquierda en Global Rd que se convierte en Geiger Rd encuentra el Surgicenter situado en el 240 Geiger Rd.

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The Red Lion Surgicenter strives to provide quality care for you and your family in a comfortable, safe environment. For your convenience we have the following amenities available:

Free Wi-fi

Television

Water cooler

Keurig coffee machine (in waiting room)

Snack Vending machines (just ask an employee)

Beverage Vending machines (just ask an employee)

Off-street parking

Wheelchair access

Video games

Please understand that since our patients cannot eat, we ask that any snacks are consumed when there are no children/patients in the waiting room. Thank you for your cooperation.



Doc Bresler's Cavity Busters

Exceptional Dentistry for Children and Teens

David A. Bresler D.D.S. & Associates

MISSED APPOINTMENT POLICY

Dear Parent(s):

We are pleased that your child will be scheduled for his/her dental work at the Red Lion Surgicenter. This is such a positive step in helping your child establish a healthy mouth! When procedures are scheduled at the Red Lion Surgicenter, a number of people are involved in the process. The administrative staff at Red Lion Surgicenter handles intake, the Surgicenter staff is scheduled, the Surgicenter team works on approval from the insurance company and, of course, the dentists and our assistants give their time to the Surgicenter.

This team works to provide the best for your child. As you can imagine, this takes a huge amount of time and commitment on behalf of all involved. This also requires a commitment on the part of the parents of the child going to the Surgicenter. Once an appointment is scheduled, it is anticipated that parents and their child will be at their appointment on time and following all procedures.

It is expected that if a child cannot make their appointment, the change will be made 48 hours ahead of the scheduled appointment, not including weekends. (Cancellations may be left on the answering machine over the weekend.) If your child does not show up for the Surgicenter appointment, they will be moved to the bottom of the waiting list.

We recognize from time to time that certain problems or illness occurs. If your child is ill, and you don't give 48 hours' notice, a doctor's excuse may be presented to avoid being placed at the bottom of the waiting list.

Thank you for your time and commitment. Please call with any questions.



1. **ABSOLUTELY NO FOOD AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.**
 - NOTHING to eat after midnight the night before surgery, INCLUDING gum, hard candy or cough drops. Alternative instructions MAY be provided for children. The nurse will alert you to these during the pre-operative phone call (see # 3 below).
 - Do not send your child to school or daycare the morning of their procedure since it is impossible to guarantee that they will not eat or drink anything.
2. The patient may brush their teeth, but do NOT swallow any liquid.
3. A Surgicenter nurse will call you 2 business days before the procedure to give you further instructions and to tell you whether the patient should take any medications the morning of surgery.
4. Please contact the Surgicenter if your child becomes sick within the 2 weeks prior to surgery with any symptoms of a **SEVERE** upper respiratory infection (fever, sore throat, hoarseness, bad cough, wheezing).
5. **AN ADULT MUST ESCORT THE PATIENT AT THE TIME OF DISCHARGE AND HAVE A RESPONSIBLE ADULT AT HOME WITH THEM FOR 24 HOURS AFTER THE PROCEDURE.**
6. The patient should wear loose, comfortable clothing (short sleeve shirts are preferred).
7. The patient should not wear contact lenses; they should wear glasses. NO eye or face makeup.
8. The patient should leave all jewelry and valuables at home: The Surgicenter is unable to store them. **THE SURGICENTER WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS.**
9. If you fail to follow these instructions, a potentially dangerous situation could arise and may lead to the cancellation of the procedure.
10. If you have any questions, call the Surgicenter between the hours of noon and 3 p.m. one or more days before the procedure.
11. Be aware that if the patient’s condition requires additional care, arrangements will be made to transfer the patient to a local hospital.
12. To insure safety and confidentiality, we do not routinely allow family members or companions in our recovery room. One parent will be allowed to sit with pediatric patients.

I have read, received and understand the above instructions: _____

Patient/ Responsible Party (Signature)

Patient Name (print): _____

Responsible Party (print) _____

Date: _____

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Disclosure of Physician Ownership

1. David A Bresler DDS, Joshua A. Bresler DMD, and Jason M. Bresler DMD are owners of Red Lion Surgicenter.
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 Red Lion Surgicenter. You will not be treated differently by your physician if you choose to obtain health care services at a facility other than Red Lion Surgicenter.

If you have any questions concerning this notice, please feel free to ask your physician or any representative of Red Lion Surgicenter. We welcome you as a patient and value our relationship with you.

Patients' Bill of Rights

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.
3. A patient has the right, upon request, to change their provider if other qualified professionals are available.
4. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
5. A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. Except when required by law, patients are given the opportunity to approve or refuse release of their records.
6. A patient has the right to know what Center rules and regulations apply to his conduct as a patient.
7. A patient has the right to expect emergency procedures to be implemented without unnecessary delay. A patient also has the right to be informed about Center provisions for emergency and after hours care. A patient has the right to be informed of the Center's policy with regard to advance directives.
8. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to receive information regarding the Center's credentialing policies.
9. A patient has the right to full information, in lay terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the patient's next of kin or other appropriate person.
10. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
11. A patient or, in the event the patient is unable to give informed consent, a legally responsible party, has the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient or legally responsible party must give informed consent prior to actual participation in such program. A patient or legally responsible party may, at any time, refuse to continue in any such program to which he has previously given informed consent.
12. A patient has the right to refuse drugs, treatment, or procedures offered by the Center, to the extent permitted by statute the practitioner will inform the patient of the medical consequences of the patient's refusal of drugs, treatment or procedures.
13. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, gender, sexual preference, national origin, or source of payment.
14. A patient who does not speak English shall have access, where possible, to an interpreter.
15. The Center shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.
16. A patient has the right to expect good management techniques to be implemented within the Center considering the effective use of time of the patient and to avoid the personal discomfort of the patient.
17. When medically advisable, a patient may be transferred to another facility. He or his next of kin or other legally responsible representative will be provided with complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
18. A patient has the right to examine and receive a detailed explanation of his bill, and to receive information on fees for services received and on Center payment policies.
19. A patient has the right to be informed of his rights at the time of admission.
20. Marketing material does not mislead patients regarding the Center's capabilities or competence.
21. A patient has the right to be informed of procedures for expressing suggestions and policies regarding grievance procedures.
22. A patient has the right to expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.

Patients' Responsibilities

Patients are expected to:

1. Provide accurate and complete information about their present complaints, past medical illnesses, hospitalizations, surgeries, medications, and other matters relating to their health.
2. Tell their health care providers whether they understand the treatment, plan of care, and what is expected of the patient.
3. Help the practitioners, nurses and other allied health personnel in their efforts to care for patients by following their instructions and medical orders.
4. Observe the no smoking policy of the Center.
5. Meet all financial obligations incurred for services provided at the Center.

It is always best to make every effort to address patient/visitor complaints internally through discussion, investigation and potential action by/among Center personnel and the patient/visitor. Therefore, in accord with Administrative policy 341, any and all patient/visitor complaints should initially be brought to the attention of Center personnel such as the Medical Director or Director of Nursing. If necessary, patients/visitors wishing to register a complaint regarding the Center with the Pennsylvania Department of Health may do so by calling 1-800-254-5164.

Red Lion Surgicenter, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA Omnibus Rule, the Health Information Technology for Economic And Clinical Health Act (HITECH), and applicable federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 9/23/13, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the office where you receive treatment.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. Other uses and disclosures not described in this Notice will be made only with authorization from the individual to whom the PHI relates.

Out of Pocket Fees Paid in Full: You have the right to restrict certain disclosures of your PHI to a health plan where you have paid out of pocket in full for an item or service by us.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose your PHI to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization. We will not disclose your PHI for sale or for any other uses not described in this notice without written authorization. We may contact you to raise funds, which you have the right to opt out of receiving such communication.

Breach Notification Rule (BNR) inclusion in the HITECH Act: If a risk assessment demonstrates a probability of a breach of PHI, we are required to provide notification to affected individuals and to the Secretary of HHS following the discovery of such breach.

Breaches of all data sets, regardless of content will be handled as a breach. If the breach is over 500 individuals, we must notify the media. Business associates will notify us within 60 days if they discover a breach.

Required by Law: We may use or disclose your health information when we are required to do so by law.

HIV Related Information: This information has been disclosed by you from records protected by Pennsylvania law. Pennsylvania law prohibits us from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails, text messages, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information (hard copy or electronic), with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting the office where you receive treatment. We may charge you a reasonable cost-based fee for expenses such as staff time. You may also request access by sending us a letter to the address of the office where you receive treatment. If you request copies, we may charge you \$0 for each page, \$25.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact the office where you receive treatment for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before September 23, 2007. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your PHI. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice from our website or by email, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Telephone: 215-483-6633

Fax: 215-483-7909

Main Address: 6801 Ridge Avenue, Philadelphia, PA 19128