



DERMATOLOGY SURGERY CENTER

Thank you for choosing Dermatology Surgery Center for your upcoming surgery. This facility and the exceptional care offered here are a dramatic example of how we provide the most advanced skin care for your life and lifestyle.

Your surgery will be performed at our facility at 1367 Dominion Plaza, Tyler. We have enclosed a map- and you can also get directions from your address via our website@ www.usdermatologypartners.com/tyler-dominion-plaza.

Associated with US Dermatology Partners, this Ambulatory Surgery Center was designed specifically to meet the needs of patients requiring specialized surgeries of the skin, including Mohs surgery and other skin restoration and repair procedures. One of the techniques performed in this facility is Mohs surgery which is used for the removal of skin cancer. Mohs surgery offers the highest cure rate of any type of skin cancer surgery – 98% recurrence-free.

Built in 2003, the facility is licensed by the Texas Department of Health and approved by Medicare. We have earned the prestigious Accreditation Association for Ambulatory Health Care (AAAHC) accreditation. The AAAHC designation means this facility has met quality, infection control and patient care standards set by industry leaders and governmental agencies.

More like a hospital than a clinic, Dermatology Surgery Center is staffed and equipped to confidently handle more complex surgeries and, if necessary, surgery-related emergencies. Our surgeons are all board-certified dermatologists and are trained in dermatologic surgeries and repairs. Some of these surgeons also perform Mohs surgery and have successfully completed a 1-year fellowship program training for Mohs Surgery. This additional fellowship training brings extensive experience and superb expertise to the care of patients in this facility. Our nursing support staff- and team of specialized pathology technicians-all work in unison to provide the quality care our patients expect and deserve.

Surgeries involve charges for both physician services and facility (surgery center). The fees are based on Medicare reimbursement guidelines and those set by commercial insurance companies for their policies. We apply for “in-network” status from insurance companies to keep high-quality skin care as affordable as possible and most have approved us to be in their network.

Unless you have Medicare and supplement, a staff member from our surgery scheduling department will contact you prior to your surgery to discuss financial arrangements. You will be contacted if you have Medicare Replacement plan, Commercial Insurance, or you are Private Pay. This includes insurances that have not allowed us into their network. If you have questions in the meantime, you can contact our surgery scheduler at 903-534-6200 extension 7235.

We have enclosed pre-operative instructions that should address most of your questions; however, if you have other questions about your appointment or surgery, please contact us. If, for any reason, you cannot keep this appointment time-please notify us immediately. This courtesy will permit us to schedule another patient in your timeslot and give you another convenient appointment. You can reach the Surgery Scheduler for questions about your surgery or appointment @ 903-534-6200 ext. 7234.

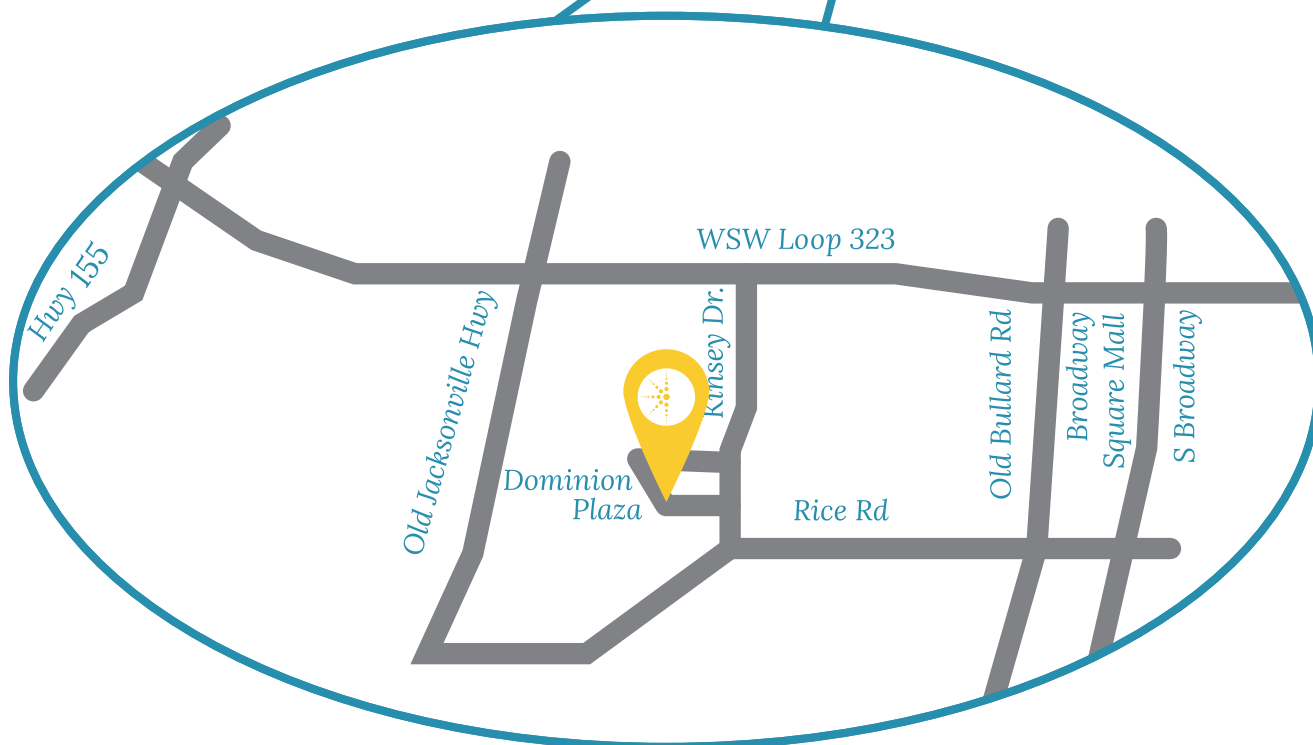
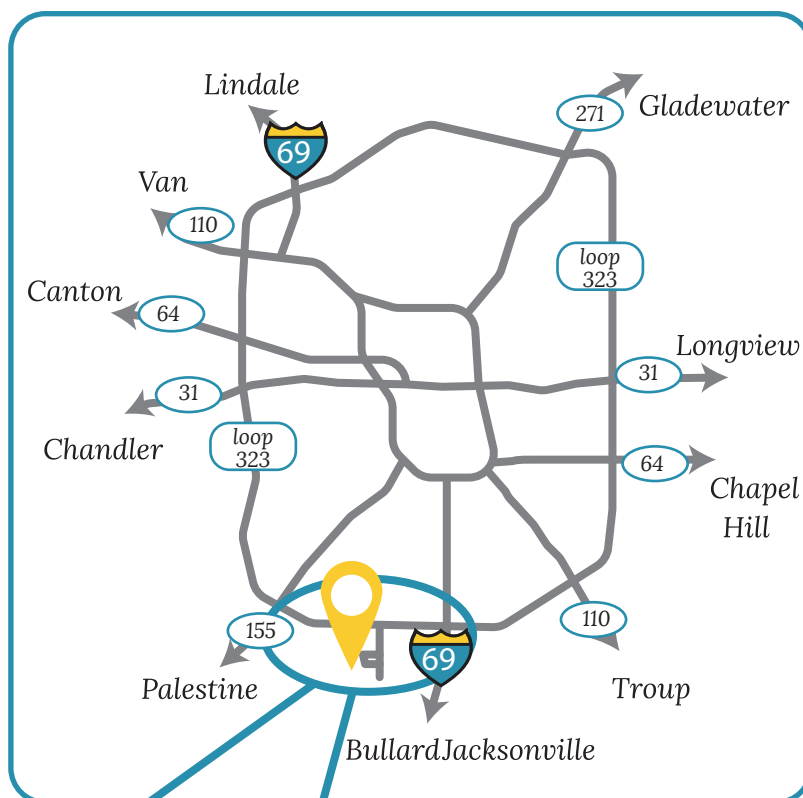
We look forward to seeing you. Thank you again for trusting us with your care.

*The Staff & Surgeons of
Dermatology Surgery Center*

1367 DOMINION PLAZA • TYLER, TEXAS 75703 • 903/534-6200 • 903/939-0517 FAX
www.usdermatologypartners.com/tyler-dominion-plaza

Our office is located on Dominion Plaza which is off Kinsey Drive. Kinsey Drive runs between Loop 323 and Rice Road.

Please note that Dominion Plaza is the street name and not the name of our Building.



Dear Patient,

Thank you for entrusting our staff with the opportunity to provide your care. We are consistently looking for ways to improve our patients' experiences and would like to know how well you've been treated. To help us review our processes, know what we've done well, and identify areas of improvement, we need to hear from our patients.

While our staff does their utmost to provide the best experience, we want to know if there are opportunities for us to make it even better. In the near future, you may receive an email or phone call for a patient experience survey. So that we can ensure patient privacy and trust, we have contracted with an independent research firm, **Arbor Associates** in **Petoskey, Michigan**, to conduct the survey on our behalf.

We hope you'll take the opportunity to share your experience with Arbor Associates. If selected for participation, you will first receive an email from survey@arbor-associates.com with a link to the survey. If you do not complete the survey via this link, Arbor Associates will then try to contact you by phone. Their number will display as **231-347-7110**.

Thank you for helping us improve health care for everyone we serve.

Sincerely,



PRE-OPERATIVE INSTRUCTIONS

We appreciate the opportunity to take care of your skin problem. Below is some information that you will find useful.

1. Eat breakfast or lunch before coming to the clinic.
2. Take your regularly prescribed medications, including blood thinners.
3. We recommend a shower the evening or morning before surgery and freshly laundered clothes to help reduce the chance of your getting an infection.
4. Do not apply makeup, cream, after shave lotion, or perfume the day of surgery. Please, no jewelry or other valuables on the day of surgery.
5. For Mohs Micrographic Skin Cancer Surgery Patients Only: Please realize that you will probably be in our office for an extended period of time on the day of your surgery. There is no way of us knowing how extensive your tumor is without processing your tissue and looking at it under the microscope. We will take care of you as quickly as we possibly can.
6. Please call our office if you get sick between now and the time of surgery.
7. Remember to start antibiotics on time if you were instructed to do so.
8. If you develop an allergy to any medication or have any sensitivities, please notify us immediately.
9. Please call our office if you have any questions or, if you for any reason need to reschedule your surgery appointment.

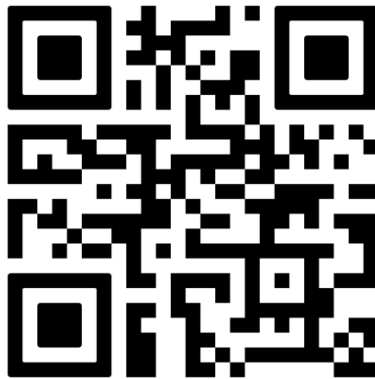
On the day of surgery, we find it very helpful if you could have a family member or friend accompany you. This is only for your safety. Depending on the location of your tumor, there is a possibility that you could have swelling or even a bandage that could obstruct your vision. If we need to call for you a ride after the procedure, bring the name and phone numbers required with you when you come and give that information to the nurse in surgery upon arrival.

If you need minor pain medication, please take acetaminophen (Tylenol) or another non-aspirin medication. Tylenol is available at your local pharmacy without prescription and has comparable pain relief potential to that of aspirin. If you are allergic to acetaminophen (Tylenol), or are unable to take it for other reasons, please notify us so that we might arrange a suitable substitute.



Academy of Mohs Surgeons – Mohs Overview

<https://youtu.be/F6TxdvjPk5I?si=3hHrhvkCH9aGFJ5n>



Academy of Mohs Surgeons - Post Op Care for Mohs

<https://youtu.be/5XwWViMYclA?si=Tm6SC4IduG8y6GQl>



STATUS OF ADVANCE DIRECTIVE AND PATIENT'S RIGHTS

The term "Advanced Directives" encompasses the four different types of informed decisions regarding the patient's care:

A Health Care Proxy allows the patient to appoint a healthcare agent- that is, someone they trust to make health care decisions for them if they are unable to make decisions for themselves.

A Living Will allows the patient to leave written instructions that explain their health care wishes, especially about end-of-life care.

A Living Will together with a health care proxy lets the patient state their health care wishes and name a health care agent.

A Do Not Resuscitate Order (DNR) only lets the patient express their wish to do without cardiopulmonary resuscitation (CPR).

Should a patient inform US Dermatology Partners that they have an Advanced Directive, Health Care Proxy, DNR or a Living Will, the patients are then informed that should an emergency situation arise the patient **will be treated with lifesaving measures** and then transferred to a facility that will honor their Advanced Directive options. Patients having or presenting with an advance directive(s) will have such documentation kept on file and located in the chart in a prominent location. Should the situation arise that the patient is transferred to the hospital due to an emergent situation, a copy of this documentation will go with the patient and the receiving facility will be informed of this documentation.

Anyone wishing information on Advanced Directives of any type may obtain further information and forms either within the facility or downloaded from the Department of Health Website. Should a patient wish to sign a Healthcare Proxy form, they may do so at that time; however the patient will again be advised of the organization's policy on Advanced Directives.



DERMATOLOGY SURGERY CENTER

Patient Disclosure Information

To Our Patients:

Welcome to Dermatology Surgery Center, which is owned by Oliver Street Dermatology ASC, LLC.

Your Surgeon:

We would like you to know that your surgeon is board certified by the American Board of Dermatology and licensed in the State of Texas. All surgeons are Board-Certified Dermatologists trained in dermatologic surgeries and repairs. Some of these surgeons are also members of the American College of Mohs.

The Team:

Our surgical nursing support team is made up of Registered Nurses and Licensed Vocational Nurses, all trained, competent individuals that will assist the surgeons in providing safe patient care. Our Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) are licensed by the State of Texas.

Should you have a problem or grievance:

Please be advised that if you have a grievance or concern the following mechanism exists: Ask for the grievance form from the receptionist. This form allows you to file your concern directly with the facility. The form also includes contact information for several agencies you may file a formal complaint with if you wish. The agencies and their contact information are also listed on the Patient Rights Handout included in this packet.

Make a suggestion:

If you have a suggestion, please put it in writing and give it to the receptionist or mail it to the office.

Play a part in your care:

We encourage all patients to be actively involved in their care, so please speak up and ask questions of anyone in this organization. *Additionally, please be advised that this organization, as allowed by Texas State Law, does not recognize Do Not Resuscitate orders or Living Wills. If you have any questions, please see the receptionist.* This organization will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration of the patient's condition along with a copy of the advance directive, if available. If desired, you (the patient) may wish to delegate your right to make informed decisions to another person, even though you are not incapacitated. To the extent permitted by Texas state law, our organization will respect such delegation. If you have any questions, please see the receptionist. If you have a living will or other directive that you would like us to keep a copy of, please provide us with a copy of the directive.

Please inform us if you would like information on Advanced Directives.



DERMATOLOGY SURGERY CENTER

HOW YOUR SURGERY IS BILLED

There will be separate charges on the date of your surgery. You will have charges for your physician billed by U.S. Dermatology Partners. There will also be separate charges for the facility (a facility fee that will be billed by Dermatology Surgery Center. (This is similar to receiving a bill from both the hospital and the physician when you have a surgical procedure.)

We will verify your benefits and obtain precertification (if required) with your insurance company. If they determine there is a portion of your surgery that you owe, we will contact you to discuss the estimate amount. Payment is due on the day of your surgery unless prior arrangements are made with our surgery scheduler.

Please note the amount we provide is only an estimate. We do our best to determine the cost of your surgery but due to the complexity of the Mohs Micrographic procedure cost can vary depending on the depth of your cancer. We have no ability to determine if your surgery will require additional stages until the surgeon begins the procedure.

The amount you owe once your claim is filed and adjudicated could increase or decrease. If it increases, you will receive a statement for the remaining balance determined by your insurance company based on your policy benefits, if you overpaid then our central billing office will process a refund.

Our office accepts Visa, MasterCard, Discover, American Express, Care Credit, debit card, cash or check as payment options.

For questions or details about your account once you receive a statement, please contact Billing Department at (903)534-6200 or toll-free at 1-877-610-5151. We value your confidence in us, and we will be happy to answer any questions you may have.



DERMATOLOGY SURGERY CENTER

Dermatology Associates of East Texas Informed Consent for MOHS Surgery and Repair

Surgeon(s):

Procedure: Mohs and/or repair of surgical wound

Site:

Diagnosis:

I have been informed and I understand to my satisfaction, the above mentioned procedure(s), why it is necessary, the risks to my health if the condition remains untreated, and what the procedure will entail.

The procedure to be performed is Mohs Micrographic Surgery where the cancer is removed and evaluated microscopically until all tumor is removed. The wound may or may not be repaired utilizing the best option to ensure functional and cosmetic results. This may involve a side-to-side closure, skin flap or graft. It will be performed by the surgeon although a credentialed nurse or surgical assistant may perform undermining, hemostasis and suturing under the supervision of the surgeon.

I herein give my permission for the above procedure and administration of pre-surgery medication and local anesthesia by the surgeon, registered nurse or credentialed surgical assistant for outpatient surgery.

The advantages and disadvantages of outpatient surgery and alternative treatments have been explained to me as well as the procedure that will be performed on me. Admission to the hospital might be advised after the procedure. I agree to admission to the hospital of choice by the performing surgeon, if in his/her opinion such admission would be advisable. I also understand that during the course of operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those planned. I authorize the above named surgeon or his designee(s) to perform such surgical procedures as are necessary and desirable in the exercise of professional judgment.

I have been made aware that there are certain risks inherent to the performing of any surgical procedure such as: loss of blood, infection, hematoma, pain, tingling, numbness or other nerve sensations including nerve damage, reactions to anesthesia and the formation of thick or otherwise objectionable scars. Additionally, I acknowledge that the doctor has made no promises to me, oral or written, in connection with the operation. I recognize that every surgical procedure involves uncertainty, and that no result can ever be guaranteed.

I release the doctor from any responsibility that takes place as a natural complication of the procedure. I also realize it is my responsibility to keep post-operative appointments. If I feel any problems exist such as bleeding, infection, or if I have any doubts, I am to contact the doctor as soon as possible.

I consent to photographing and/or recording of the operation, provided my identity is not revealed by the pictures or descriptive text accompanying them. I consent to allow an observer during my procedure at the doctor's discretion. I consent to the disposal of any tissue that is removed in accordance with accustomed practice and procedure. I give my permission to have any tissue removed during the procedure sent for histologic examination by a pathologist.

I agree that the surgical site, side, and diagnosis is correct and that treatment by the physician is necessary. The physician has explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure/medication, and the benefits to be reasonably expected compared with alternative approaches.

DO NOT SIGN – THIS IS FOR INFORMATIONAL PURPOSES ONLY, YOU WILL SIGN AT YOUR APPOINTMENT

Witness signature/Date

Patient signature/Date