

FINANCIAL RESPONSIBILITY

The goal of our business office is to completely inform patients of the estimated out-of-pocket expenses and work to ensure finances do not get in the way of receiving the quality healthcare treatment needed.

Prior to your procedure, our business office will contact you about the estimated patient portion. This estimate is based on information provided to us by your insurance company. The amount is only an estimate. We offer payment plans structured around your personal financial needs.

As a courtesy, we will submit a claim to your insurance company.

Any co-insurance or deductible amounts not paid at the time of service will be billed to you after we receive the explanation of benefits (EOB) from the insurance company. We can take your payment information over the phone or by mail. We will process the transaction and send you a formal receipt.

Cardiovascular Surgery Center’s business office is open from 5:00 am to 5:00 pm, Monday through Friday to handle billing inquiries. You may call 1-833-4MYARISE or 1-833-469-2647.

OUR PLEDGE TO YOU:

It is our pleasure to welcome you to Cardiovascular Surgery Center

We are grateful for the privilege of caring for and serving you.

During your visit, we pledge to provide high quality, cost-effective healthcare consistent with your expectations, and with the capabilities of our physicians, nurses, technicians and staff.

We are thankful you have chosen to let us work for you.



PROCEDURE INFORMATION

NAME:  
ARRIVAL TIME:  
PROCEDURE DATE:  
PHYSICIAN:  
NOTES:



PATIENT GUIDE

PHYSICIAN INVESTMENT DISCLOSURE STATEMENT

The ownership of the facility includes physician investors. The physician who referred you to our facility for treatment and other physicians involved in your care at the facility may have an investment interest. It is understood that you are free to choose another facility for the services that have been ordered by your physician. If you have questions about this, please contact your physician regarding his or her participation as an investor.



CARDIOVASCULAR  
SURGERY CENTER  
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901 Wilson Street, Suite A, Lafayette, LA 70503  
Pre-Admission Contact: (337) 703-4234  
www.CardiovascularSurgeryCenter.com



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## BEFORE THE DAY OF YOUR PROCEDURE:

**One of our nurses will call you before your procedure.** If we have not reached you by 4:00 p.m. on the day before your appointment, please call us at (337) 703-4234. We will confirm your arrival time, provide directions, and answer your questions.

**Please notify** us immediately if you are allergic to contrast dye – you will need a prescription for medications from your physician's office. These medications will need to be taken prior to your procedure.

**Times vary**, plan on being with us from 2 to 6 hours.

## MAKE SURE TO LET US KNOW IF...

- If you are taking a blood thinner, aspirin, diabetes or Viagra type medications, check with your doctor if and when you should stop taking it prior to your procedure.
- If you get sick – sore throat, cold, fever, etc. – tell your physician before the day of the procedure. You may need to reschedule.
- You have bleeding issues.

For your comfort and safety, there are several factors to keep in mind prior to your appointment. Please remember, these can affect your recovery time and results. Unless otherwise directed, the following instructions are required for anyone having a procedure.

## THE DAY OF YOUR PROCEDURE:

Please Bring:

- Driver's License or other valid photo ID
- Insurance Card
- Means of payment, if indicated
- Any X-Rays, MRI Films, CT Scans or EMG, if applicable
- Any pertinent medical history (i.e. lab results)
- Appropriate clothing such as slip on shoes (no pantyhose or high heeled shoes) and loose clothing with openings that can accommodate dressings
- A family member or friend to drive you home
- All medications you are currently taking

## DAY-OF-DOS:

- Be on time. You may be asked to arrive 1-2 hours before your procedure time, so make sure to double check your arrival time.
- Bathe or shower to reduce the chance of infection.
- Remove dentures or bridgework (if possible).
- If you are diabetic, please bring your equipment for measuring your blood sugar.
- If you wear glasses or contact lens, bring your case and solution to store them during the procedure. Follow your doctor's instructions regarding any medications you take.
- Family and friends are urged to remain on facility grounds during the procedure — please have them notify us, if they plan to leave.

## DAY-OF-DONT'S:

- Do not eat or drink anything – even water – after midnight unless otherwise instructed by your physician. Your procedure may be cancelled or delayed if you have consumed any food or fluids.
- Do not bring gum, mints, or hard candies.
- Do not smoke for 24-48 hours before your procedure.
- Do not bring valuables, including jewelry, cell phones, electronic devices, and wallets.
- Do not have more than two adults accompany you.
- Only one adult at a time may be allowed to visit a patient before and after the procedure.

## AFTER YOUR PROCEDURE:

- **You will be taken** to the recovery unit until you are stable where specially trained nurses will monitor your blood pressure, heart rate and breathing.
- **You may spend** 2-4 hours recovering before you are released.
- **You will receive** verbal and written discharge instructions.

**Additionally, Please Remember:**

- Do not drive for the next 24 hours or more, as directed by your physician. Someone should stay with you for 24 hours following the procedure.
- Plan to go home directly and rest for the remainder of the day.
- Some discomfort, discoloration and a small knot at the puncture site is normal. Keep the puncture site clean and dry. Remove the dressing in 24 hours.
- Follow your physician's instructions regarding diet, rest and medication.
- Contact your doctor for follow-up visits as needed.

## WHEN TO CALL YOUR DOCTOR OR NURSE:

For questions or problems related to your procedure, please call your physician's office. In a life-threatening emergency, always call **911** or go to the nearest emergency department.

**Please call immediately if you have any of the following signs or symptoms:**

- Numbness, tingling or color change in the leg
- or arm used for puncture site
- Fever, 101 degrees or more
- Shaking chills
- Blood in your bowel movement or urine
- Uncontrolled nausea and vomiting
- Uncontrolled diarrhea
- Drowsiness, confusion, or an inability to awaken
- Redness, swelling, heat, drainage from any wound or venous access device or any disruptions at the puncture site

- If bleeding from the access site occurs, hold pressure to the access site and **call 911 or visit the nearest ER.**

