

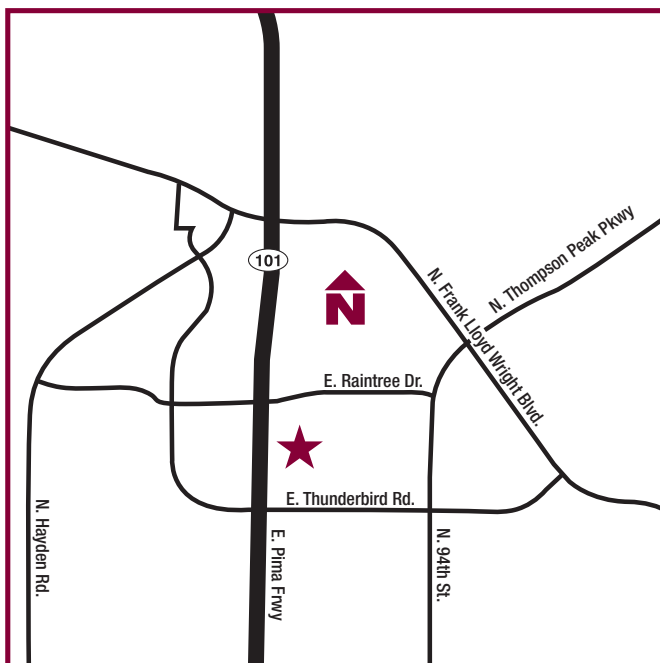
NORTH VALLEY

SURGERY CENTER

An affiliate of HonorHealth™

PATIENT INFORMATION BOOKLET





DIRECTIONS

North Valley Surgery Center is located just east of the 101-Pima Freeway in Scottsdale, and can be accessed from either Thunderbird Rd., 94th St., or Raintree Dr. The surgery center is located at 8901 E. Raintree Dr., Suite 100, Southeast corner.

North Valley Surgery Center

8901 E. Raintree Dr., Suite 100

Scottsdale, AZ 85260

Tel **480.767.2100** • Fax **480.767.2101**

www.northvalleyesc.com





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IMPORTANT CONTACT NUMBERS:

NORTH VALLEY SURGERY CENTER MAIN LINE	(480) 767-2100
FAX NUMBER	(480) 767-2101
SCHEDULING DEPARTMENT.....	(480) 767-2244
PATIENT BENEFITS NUMBER.....	(480) 767-3743
BILLING DEPARTMENT LOCAL NUMBER	(480) 767-2171
BILLING DEPARTMENT TOLL FREE	(866) 921-2171
BUSINESS OFFICE MAIN LINE	(480) 207-3737

WELCOME

Welcome to NORTH VALLEY SURGERY CENTER

It is our goal to ensure you have a positive experience throughout the entire process as we work with your Physician and their staff to coordinate your care with us. Your Physician is an integral part of North Valley Surgery Center, which is why they have chosen our center as the facility to meet your healthcare needs. We want to make you aware of the following few things that will help you better understand what you can expect from your experience with us.

Coordinating with your Physician

Now that your Physician has determined you're in need of a procedure, we've been contacted by your Physician's office to schedule that procedure. Prior to your procedure being scheduled, we received your insurance information and an authorization from your insurance company for you to receive care at our facility. When we received your insurance authorization we also confirmed your insurance information and you are an eligible patient for surgery at our facility based upon your health plan.

Am I ready for my Procedure?

Your Physician may have given you instructions about what you needed to do before your procedure. Please follow their instructions.

We request that you enter your medical history online with ***One Medical Passport (www.onemp.com) as soon as your surgery has been scheduled.*** You may also receive a call from our nursing staff is to simply confirm information with you. If you are unable to complete you history on-line, please contact us and request to speak to a PreOp nurse at **480-767-2100.**

ONLINE HISTORY

Online Pre-Surgical History Instructions

Dear Patient,

Welcome to North Valley Surgery Center. We're very pleased that you and your physician have chosen us to care for you.

To start the pre-surgical assessment process, North Valley Surgery Center requests that you fill out your medical history online with One Medical Passport.

We ask that you enter your medical history as soon as your surgery has been scheduled. Once you do this, our Pre-Surgical Assessment nurse will be able to access the information you entered online. This information will assist the nurse in organizing and documenting your complete medical history to prepare for your surgery.

To begin your online Pre-Surgical Assessment:

- 1) Go to our website: www.onemp.com
- 2) Get started by clicking "Register"
- 3) Select the option to create a passport for a **Medical Facility and Physician**.
- 4) Select the state, **(AZ)** then select **North Valley Surgery Center**.
- 5) Complete the registration and medical history screens, click Finish to submit your Medical Passport to the medical facility

Be sure to have the following information available before starting your *Medical Passport*:

- Your health insurance information.
- The name of your physician.
- A list of all medications you are taking, their dosage and frequency.
- A list of surgical procedures you have ever had and their approximate dates

Note: If you are not able to complete your history online or if you require assistance, please call our Pre-op nurse between 10:00 a.m. and 5:00 p.m. at (480) 767-2100 as soon as possible to assist you in completing your medical history. You will still need to have the above information available when you call. Please allow at least 20 minutes for this call.

About One Medical Passport

Completing a One Medical Passport medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time.

One Medical Passport is a website that allows you to enter your information at any time from anywhere. You can also print out a copy of your medical history after you create it online and keep it with you or with your other health care documents, as well as have access to it online anytime you need it or want to update it.

INSURANCE & BILLING

Your procedure at **North Valley Surgery Center, an Ambulatory Surgery Center**, will involve a number of separate and distinct services that will be billed to your insurance.

- North Valley Surgery Center Facility Fee
- Surgeon/Physician Fee
- Assistant Surgeon/Physician Assistant Fee (if applicable)
- Anesthesia Fee (If applicable)
- Lab/Pathology Fee (If Applicable)

CO-PAYS

Your insurance plan may have different coverage levels for different services. For example, you may be responsible for paying your physician a co-pay for his/her professional fees for surgery. In addition to the physician co-pay, you may also have a facility co-pay. Payment is expected at the time of service.

CO-INSURANCE

Co-insurance is a percentage of the procedure charges (e.g., insurance plan pays 80% and you pay 20%), subject to your plan's coverage limits. You may owe co-insurance to either the physician or surgery center or both. Also beware that co-insurance may be in addition to your co-pay. Payment is expected at the time of service.

DEDUCTIBLES

You may also have an annual deductible amount that must be met by you prior to any payment of services by your insurance. In this case, you may have *both* an annual deductible and co-insurance that is your responsibility. Payment is expected at the time of service.

Every insurance plan is different. You may have a co-pay, co-insurance, and deductible or some combination of the three. It is your responsibility to understand your plan and benefits. We will help you! Prior to surgery you will receive a call from North Valley Surgery Center's business office. We will verify your insurance and give you an estimate of your patient responsibility, based on what your physician has scheduled. **The amount that is quoted to you is based on North Valley Surgery Center's contracted rate with your insurance. Your estimated patient responsibility is due at the time of service.**

DAY OF SURGERY

Please remember to bring all insurance cards and other pertinent documents with you on the day of surgery so that we may process your insurance papers for you. We accept American Express, Visa, and MasterCard with credit card approval on the date of payment.

BEFORE SURGERY

Now that your procedure has been scheduled you will receive a call from your business office to discuss your procedure. Since we've already verified your insurance benefits, this call will be to confirm the information we received from your insurance company and Physician's office is correct and to let you know what your co-pay/co-insurance payment/deductible amount will be on the day of your procedure. If you don't have a copay/co-insurance payment due, or if you have secondary insurance, then you may not have any payment due on the day of your procedure.

CARECREDIT PAYMENT PLAN OPTIONS

Our center has partnered with CareCredit to offer a variety of payment plans for patients through their services for patients that need alternative payment methods for services rendered at our center.

In order to qualify for use of CareCredit at our center you must have a balance or estimated balance due prior to services being rendered of **\$300 or greater**.

Payment Period	Minimum Amount	Interest Rate
6 Months	300	This is a promotional rate. No interest will be charged if balance is paid in full within 0.00% promotional period.
24 Months	1000	APR and monthly payments are 14.00% fixed for the period.
36 Months	1000	APR and monthly payments are 14.90% fixed for the period.
48 Months	1000	APR and monthly payments are 14.00% fixed for the period.
60 Months	2500	APR and monthly payments are 16.9% fixed for the period.

Note: This is only a summary of CareCredit's credit policy please contact CareCredit for all terms and conditions that apply.

If you would like to pay for services at our center with CareCredit you may apply for a Care Credit Account through the following options:

Online Application

- Go to www.carecredit.com
- Fill out the patient application
- Receive decision almost instantly

Automated Phone Application

- Call (800) 365-8295 and follow the prompts
- Receive decision almost instantly

Smartphone

- Go to www.carecredit.com and select apply
- Fill out the patient application
- Receive decision almost instantly

Once you application is complete please provide your account number to our center for processing.

PATIENTS AND FAMILIES

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TO OUR PATIENTS AND FAMILIES

Arrival Time: Your arrival time is determined by your surgeon's office; it is usually 1½ to 2 hours prior to scheduled surgery time. However, times may vary at the discretion of your physician.

Registration: 15 minutes

Preoperative Care: 1 to 1 1/2 hours

During this time, the Preoperative RN readies you for surgery: takes vital signs, allows time for changing into a hospital gown, takes a medical and medication history assessment, performs lab tests/EKG if ordered, starts intravenous fluids and provides other care deemed pertinent. This process takes 30-60 minutes. Your family member/s will be able to join you once your preoperative care is completed. Approximately 15-30 minutes prior to your *scheduled surgery time*, the surgeon, anesthesiologist and Operating Room RN will each meet with you to make assessments, confirm necessary documentation, ask you questions, as well as, answer any questions that you have regarding your surgery.

Please note:

We try our best to be on time for your surgery; however, there are many variables that we cannot always control that may cause your surgery to go later than expected. Sometimes, we are early too!!!

Operating Room: Usually 1 to 2 hours; determined by your surgeon

The Operating Room RN will transport you to the operating room. Once in the room, you will move from the gurney to the operating room bed. Monitors will be applied. The anesthesiologist will induce anesthesia. The surgery is performed. Once your surgery is completed, the OR RN and the anesthesiologist will transport you to the PACU (post anesthesia care unit).

Postoperative Care (Recovery Room/PACU): Usually 30 minutes to 1½ hours based on your procedure

Monitors are applied upon arrival. A report is given by the OR RN and anesthesiologist to the PACU RN for your continued care. Medications are administered for management of your postoperative pain. Ice packs may be applied when indicated. You continue to “wake up.” Your family member/friend will be able to come and sit with you. Oral fluids and light snacks (crackers) are given. The PACU RN will give discharge instructions verbally and you will be sent home with written instructions describing your home care following surgery. The patient is often drowsy from the medications being given, and may not always recall what the verbal instructions are, so the person accompanying the patient and staying with the patient for the first 24 hours should pay particular attention to the instructions as well. Once the team has determined you are able to safely be discharged home, your monitors and intravenous catheter will be removed and you will change back into your clothes. You will then be taken via a wheelchair to the PACU exit where your ride home will be waiting. It is important to have an adult with you for at least the first 24 hours that you are home. If you have any complications while you are at home, please call your surgeon. One of our RNs will do a courtesy follow-up call within one to two business days to check on you. We call each patient who has surgery at Paramount Surgery Center. If you do not answer, we will leave a message for you to call us back.

BEFORE SURGERY

Please follow these guidelines the day before your surgery to ensure that your operation goes smoothly:

- Notify your surgeon as soon as possible if there is any change in your physical condition, such as a cold or fever.
- You will receive a phone call from our Nursing and Administrative Staff 1-3 days prior to surgery to review all instructions regarding your procedure. To protect your privacy, only a message to return our call will be left on your answering machine.
- If you wear contact lenses or glasses, bring a case for their safekeeping. We provide containers for removable dentures and bridgework.
- The night before your surgery you may eat a light snack before midnight. Do not eat or drink anything after midnight not even coffee or water. This will reduce the possibility of nausea and vomiting following anesthesia. You may brush your teeth, remembering not to swallow anything. Refrain from the use of mints, chewing gum or cigarettes. Failure to follow these instructions may result in the cancellation of your surgery.
- Please do not take any medication after midnight unless instructed by your physician or our office. If you take medications on a daily basis for heart disease, blood pressure, seizure disorders, or asthma, you may continue taking them with a small sip of water. If you take aspirin, blood thinning medications or herbal supplements, please notify your surgeon and anesthesiologist. Failure to do so may result in the cancellation of your surgery.

DAY OF SURGERY

- It is your responsibility to arrange in advance for a responsible adult (18 years of age or older) to drive you home and remain with you for the first 24 hours after surgery. You cannot drive or be left alone during this period. If you fail to arrange for a responsible adult to care for you, your surgery may be canceled. Transportation by taxi or limousine is not generally acceptable.
- Please bathe or shower prior to your surgery. Remove all makeup. Do not use lotions, perfume or oils after bathing.
- Wear loose, comfortable clothing such as sweatsuits and easy to button shirts or blouses that are big enough to accommodate a large bandage after surgery. Wear comfortable shoes, no high heels, please.
- Leave all valuables, including jewelry and cash, at home. We cannot be responsible for lost or damaged property.
- Bring a list of your medications and supplements with you on the day of your surgery, both prescription and non prescription.
- Be prepared to sign a form giving your consent for the operation. If the patient is under 18, a parent of legal guardian must accompany the patient and sign the consent form.
- Bring all insurance cards and your driver's license with you to the center. Please see the section on insurance and billing.
- A nurse will provide you with a patient gown, and a bag to store your clothing in once you are in the preoperative area. We will also check your temperature, blood pressure and pulse and ask you to empty your bladder before surgery. An intravenous line will be started to administer anesthesia and medications. An anesthesiologist will meet you before surgery to discuss your anesthesia and answer any questions you may have.
- Your family will be asked to wait in the front lobby. The surgeon will speak with your family immediately following surgery.

AFTER SURGERY

- Before you leave the center you will be given written instructions for your care at home.
- After you have returned home, be sure to follow your doctor's orders regarding diet, rest, medication and activity. Unless directed otherwise, you should start your diet with clear liquids. In four to six hours you can begin to eat solid foods. By the next day you should be back to your normal diet. It is not unusual to feel a little sleepy, lightheaded, dizzy or experience pain for several hours after your operation. Do not sign any important papers or make any significant decisions for at least 24 hours.
- If you have any questions or problems after surgery, please contact your doctor.
- A nurse from the center will phone you within a few days after your surgery to see how you are and answer any additional questions you may have.
- Do not drive a car, smoke, drink alcoholic beverages, operate machinery or cook for 24 hours after surgery.

POLICY ON ADVANCE DIRECTIVES AND LIVING WILL

Patients with Advance Directives and/or a Living Will are responsible for informing their physicians, as well as the facility and providing a copy. A copy shall be placed in the patient's medical record. In the event your Advance Directive contains restrictions on resuscitation, the anesthesiologist and your surgeon shall be notified. The "No Resuscitation" directive will be determined based on the patient's condition at the time of the event.

If requested, the patient shall be provided information on Advance Directives and/or referred to the Arizona Advance Directive Registry at www.azsos.gov

PATIENT RIGHTS & RESPONSIBILITIES

NORTH VALLEY SURGERY CENTER OBSERVES AND RESPECTS A PATIENT'S RIGHTS AND RESPONSIBILITIES WITHOUT REGARD TO AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, CULTURE, PHYSICAL OR MENTAL DISABILITY, PERSONAL VALUES OR BELIEF SYSTEMS.

PATIENT RIGHTS

- Become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis or the source of payment for care.
- To receive privacy in treatment and care of personal needs and considerate and respectful care, provided in a safe environment.
- Shall not be subjected to: Abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault or seclusion.
- To receive treatment that supports and respects the patients cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. To assure these preferences are identified and communicated to staff, a discussion of these issues will be included during the initial nursing admission assessment.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.

Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Receive information from his/her physician about his/her illness, health status, diagnosis, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she or the patient's representative can understand.
- Receive information about any proposed treatment or procedure he/she may need in order to participate in the development of the plan of care, give informed consent or to refuse the course of treatment and to participate in planning for care after discharge.
- Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.

PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >

- Formulate advance directives regarding his or her healthcare, and to have facility staff and practitioners who provide care in the facility comply with these directives (to the extent provided by state laws and regulations).
- Have a family member or representative of his or her choice notified promptly of his or her visit to the facility, if requested.
- Have his or her personal physician notified promptly of his or her visit to the facility.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment. All necessary aids including translation and interpreting shall be made available at no cost to the patient being served.
- Access information contained in his or her medical record within a reasonable time frame (usually within 48 hours of the request).
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the facility even against the advice of his/her physician.
- May consent to or refuse treatment.
- May participate or refuse to participate in research or experimental treatment.
- May refuse or withdraw consent to treatment before treatment is initiated.
- Reasonable continuity of care.
- Be advised of the grievance/complaint process, should he or she wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Shall not be subject to retaliation for submitting a complaint or grievance to the Arizona State Department of Health Services or any other entity.

PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >

- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge.
- To receive a referral to another health care institution if the facility is unable to provide health services for the patient.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- To receive assistance from a family member, representative, or other individual understanding, protecting, or exercising patient's rights.
- All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- The patient is responsible for reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
- The patient and family are responsible for asking questions about the patient's condition, treatments, procedures, Clinical Laboratory and other diagnostic test results.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient and family are responsible for immediately reporting any concerns or errors they may observe.

PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >

- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her facility care are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- The patient is responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by provider.

In the event you feel we have not satisfactorily met your needs or have concerns regarding your experience at North Valley Surgery Center, please contact:

ADMINISTRATOR
North Valley Surgery Center
8901 E. Raintree Drive, Suite 100
Scottsdale, AZ 85260
(480) 767-2100

In the event that your grievance was not addressed to your satisfaction you may contact:

ARIZONA DEPARTMENT OF HEALTH SERVICES
Attn: Bureau Chief - Office of Medical Facilities Licensing
150 N. 18th Ave, Suite 450 • Phoenix, AZ 85007
(602) 364-3030
http://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx

Medicare beneficiaries may contact:
MEDICARE OMBUDSMAN
(800) 633-4227
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Accreditation Association for Ambulatory Healthcare (AAAHC)
(847) 853-9028
www.aaahc.org

PATIENT PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services. You have the right to request restrictions of disclosure to health plans for payment or health care operations regarding services for which you have paid in full out of pocket.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. You have the right to opt in to receiving notices electronically.
- You may be contacted by the organization for the purposes of raising funds to support the organization's operations. You have the right to opt out of any fund raising activities.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.

PATIENT PRIVACY NOTICE CONTINUED >

- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information. You have the right to be notified in the event of a breach in your personal health information.
- The organization will abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the organization or to the U.S. Department of Health and Human Services if you believe your rights to privacy have been violated.

If you feel your privacy rights have been violated,
please mail your complaint to the organization:

**Administrator
North Valley Surgery Center
8901 E. Raintree Drive, Suite 100
Scottsdale, AZ 85260
(480) 767-2100**

All complaints will be investigated.

No personal issue will be raised for filing a complaint with the organization.
For further information about this Privacy Notice, please contact:

**Director of Quality and Regulatory Compliance
North Valley Surgery Center
8901 E. Raintree Drive, Suite 100
Scottsdale, AZ 85260
(480) 767-2100**



NOTICE OF FINANCIAL INTEREST/OWNERSHIP

North Valley Surgery Center is an Ambulatory Surgery Center (ASC) owned and operated by a group of physicians who have come together to provide you with an alternative to the hospital. ASCs are recognized for their lower infection rates, minimal wait times and optimal patient care. Your surgeon may be among those physicians who have invested their time and resources to make this surgery center a reality; providing you a health care alternative that better meets your needs. You have the right to choose any other organization for the purpose of obtaining the services ordered or requested.

Physician ownership includes:

Charles Orozco, MD
Dan Chapel, MD
Daniel Hurley, MD
David Simms, MD
Don Burgio, MD
Jordan Weiner, MD
Kurt Heiland, MD
Mark Baldree, MD
Peter Kaiser, MD
Robert Woods, MD
Timothy Kelsch, MD
Michael Gutman, MD
Shepherd Pryor, MD
Michael Guttenplan, MD
Jeffrey Dyer, MD
Todd Hobgood, MD
Angelo Mattalino, MD
Brad Bruns, MD
Cory Nelson, MD
Donald Sheridan, MD
Frank Moussa, MD
Gary Weiner, MD
John Bradway, MD
Matthew Conklin, MD

Dean P. Cummings, MD
Richard Martin, MD
Robert Mileski, MD
Sean Brimacombe, MD
Sebastian Ruggeri, MD
Ted Firestone, MD
Thomas Wall, MD
Raed Tarazi, MD
Bradford Gelzayd, MD
Bruce Sand, DO
Janet Reiser, MD
Linda Shields, MD
Burt Webb, MD
Russell Bartels, MD
Arthur Schurgin, DO
Jerry Sobel, MD
Andrew Lowy, DPM
Richard Jacoby, DPM
James Plotnik, MD
Gordon Grado, MD
Keith Zacher, MD
Mitchell Kaye, MD
Christopher Lykins, MD
Samuel Bailey, MD



Accredited by the

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.



NORTH VALLEY

SURGERY CENTER

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