

# WELCOME TO BLAKE WOODS!

We thank you for choosing our surgery center as the place for your upcoming surgical procedure. **PLEASE COMPLETE THE ENCLOSED PATIENT MEDICATION FORM AND BRING IT WITH YOU THE DAY OF YOUR SURGERY (IN ADDITION TO THE EYE KIT AND DISCHARGE INSTRUCTION BOOKLET FOR THOSE HAVING EYE SURGERY).** If your physician does not assign a surgery time for you, we will call you several days before your surgery to review instructions and time. Please call us at **1-517-787-2906** if you have any questions or concerns. If your call is long distance, our toll-free number is **1-800-337-4267**.

Your insurance benefits are verified and pre-certification is accomplished by your surgeon's office and Blake Woods before you arrive for surgery. For your convenience, we will bill your insurance company for you and receive direct payment from them. Therefore, **PLEASE BRING YOUR INSURANCE CARDS AND A PICTURE I.D. to the surgery center** in order that we may perform this service. **Co-pays, deductible amounts and fees for special lens require payment at time of registration.** We accept cash, check, Visa, Master Card, Discover and American Express.

Your surgeon notifies us if you do not have insurance coverage and we will place a call to you prior to your surgery to inform you of fees due at time of surgery. We will also be calling patients with insurance coverage to inform you of any co-pay or deductible amounts due day of surgery.

Following your surgery, you may receive a statement from Blake Woods after applicable insurances have processed your claims. You will also receive statements from your surgeon, anesthesiologist and statements for lab fees if applicable.

Our billing department is staffed from 9:00 a.m. to 5:30 p.m., Monday through Thursday, and can be contacted at either **1-517-787-2906** or toll free at **1-800-337-4267**. We welcome the chance to respond to any financial and/or insurance issues that are important to you.

**ALL PATIENTS: PLEASE REMOVE ALL JEWELRY, RINGS, EARRINGS, WATCHES, ETC. BEFORE ARRIVING AT BLAKE WOODS.**

Please bring the following with you to the surgery center.

1. Insurance cards ( *for every visit* ).
2. Drivers license or picture I.D.
3. Enclosed yellow page requiring 3 signatures.
4. Completed pink Patient Medication form.

**EYE PATIENTS:**

1. Bring your discharge booklet if your surgeon's office has given it to you.

# BLAKE WOODS MEDICAL PARK SURGERY CENTER

2775 BLAKE ROAD  
JACKSON, MI 49201  
(517) 787-2906  
(800) 337-4267

## FROM LANSING

Follow US-127 South to Jackson. Once you go under the US-127 & I-94 overpass turn right onto the I-94 East entrance ramp. Take I-94 east to exit 141 Elm Rd. Turn right (south) on to Elm Rd. go approximately a block to Blake Rd. Turn left (east) on Blake Rd. to Blake Woods Medical Park Surgery Center.

## FROM BATTLE CREEK

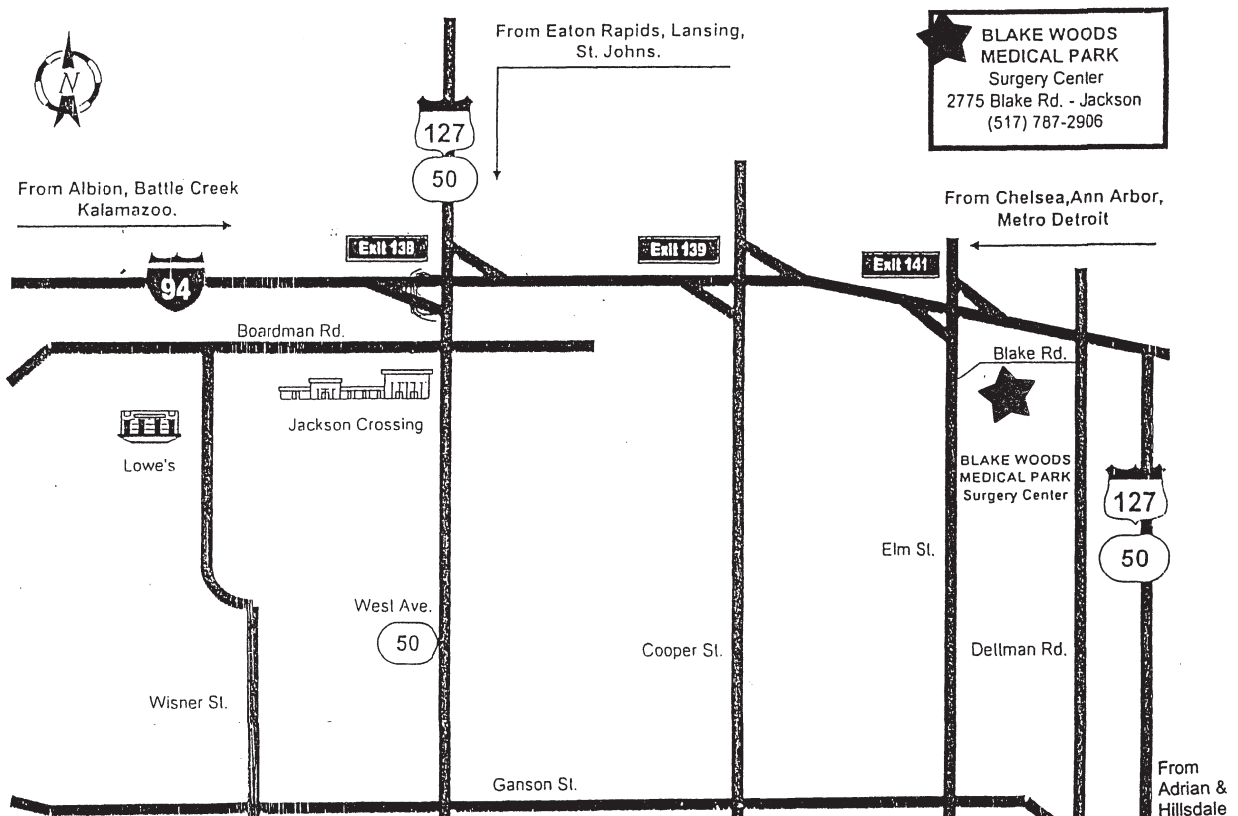
Follow I-94 East to Jackson exit 141 Elm Rd. Turn right (south) on to Elm Rd. go approximately a block to Blake Rd. Turn left (east) on Blake Rd. to Blake Woods Medical Park Surgery Center.

## FROM ANN ARBOR

Follow I-94 West to exit 141 Elm Rd. Turn left (south) on Elm Rd. over I-94 thru the traffic signal approximately a block to Blake Rd. Turn left (east) on Blake Rd. to Blake Woods Medical Park Surgery Center.

## FROM ADRIAN/HILLSDALE

Follow M-50/US-127 North to I-94 West to Jackson exit 141 Elm Rd. Turn left (south) on Elm Rd. over I-94 thru the traffic signal approximately a block to Blake Rd. Turn left (east) on Blake Rd. to Blake Woods Medical Park Surgery Center.



# BLAKE WOODS MEDICAL PARK SURGERY CENTER

PATIENT NAME \_\_\_\_\_  
(PLEASE PRINT)

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I give permission for release of my medical information and/or medical records for the purpose of preparation for outpatient surgery at Blake Woods Medical Park Surgery Center.

I understand that this gives my physicians and other facilities permission to release confidential information about my health status to Blake Woods Medical Park Surgery Center. I further authorize any persons or facilities contacted to forward any and all information their records may contain and agree to hold them harmless from any action for their acts.

1. \_\_\_\_\_  
Signature patient / agent /representative      Signature witness      Date

## NOTICE OF DISCLOSURE OF OWNERSHIP INTEREST

Blake Woods Medical Park Surgery Center is owned by a corporation including local physicians, one of whom may be your physician. These physicians have become owners as a result of their commitment to the quality health care and service to their patients. Under current Michigan law, a physician-owned facility may not provide items or services to a patient unless the patient signs a written notice disclosing certain matters.

Please be advised of the following:

- *Blake Woods Medical Park Surgery Center may have a financial relationship with your physician as indicated above.*
- *You have the right to choose where to receive services, including an entity in which your physician may have a financial relationship.*

By signing below, I acknowledge understanding of the above information.

2. \_\_\_\_\_  
Signature patient / agent /representative      Signature witness      Date

## HIPAA NOTICE ACKNOWLEDGEMENT

I acknowledge I have received the Notice of Privacy Practices.

3. \_\_\_\_\_  
Signature patient / agent /representative      Signature witness      Date

(A photocopy of this document shall serve as the original.)

[Patient Label]



