

SURGERY INFORMATION ANESTHESIA SERVICES

Blaine Orthopedic Surgery Center

11225 Ulysses Street NE

Suite 300

Blaine, MN 55434

P: 763-302-2200

BlaineOrthopedicSurgeryCenter.com

SURGERY INFORMATION

Patient: _____

Surgeon: _____

Procedure: _____

IMPORTANT DATES AND TIMES

Date of Surgery: _____ AM: _____ PM: _____

*Actual Arrival Time: _____

Date of Post-Op Appointment: _____

***Please Note:** The surgery center will call 2-days prior to your surgery date to give exact arrival time.

Eating and Drinking Restrictions - Your procedure will be re-scheduled to another date if not followed

Allowed Up Until 8-Hours Prior to Check-In:

- Food, meal replacement or protein shakes, or pulp-rich juices (orange, greens, tomato, mango, V-8)
- Coffee with milk, creamer, or other lighteners
- Dairy products to include milk, cream, yogurt, smoothies

Allowed Up Until 2-Hours Prior to Check-In:

- Clear liquids to include water, Gatorade, Pedialyte, black coffee, tea, clear fruit juices (apple, cranberry, grape), popsicles, JELL-O, and clear chicken broth

***Do not consume anything by mouth to include candy, gum,
or mints, within 2-hours prior to check-in!***

Online Health History Assessment

Online, Convenient, and Confidential

Blaine Orthopedic Surgery Center requires patients to register online with **One Medical Passport**. The website will guide you to enter your health history so that we may provide you with excellent care and minimize long phone interviews and paperwork.

Step 1- Provide Your Contact Information to Twin Cities Orthopedics

Please provide an active cell phone number and email address to your Surgeon's office at the time of scheduling. We use this information to establish your account with **One Medical Passport**.

Step 2- Wait for your Invitation from One Medical Passport

A personal invitation will be sent to your cell phone and email address

- * Click on the link to access your profile and complete all health history questions and acknowledgments
- or
- * Visit blaineorthopedicsurgerycenter.com and click **One Medical Passport Pre-Operative Assessment**

Step 3- Online Registration

First Time Users Click Register

Username you chose: _____

Returning Users (for changes or reuse)

Enter the username and password you chose.
You can then access or update your account.



Step 4- Visit Details Section- Select your scheduled visit type:
O Surgical Procedure w/Anesthesia (asleep or sedated)

Step 5- Health History Confirmation from Surgery Center Registered Nurse

Our center will only call you to request additional information about your health history if needed.

Additional Help to Complete Registration

If you are unable to complete your history online, please call our Pre-Admission Department as soon as possible for assistance during the hours of 8 AM to 4:30 PM, Monday - Friday.

Pre-Admission Department at (763) 302-2250

**Dear Patient, please bring this document to your
Preoperative History & Physical Exam appointment**



Preoperative Anesthesia Requirements

History and Physical Examination

Please Fax Report to (763) 302-2251

*Must be completed within 30-days prior to surgery unless notated below

EKG Requirements Within 6 Months of Surgery:

- All Patients with history of abnormal EKG
- Cardiovascular disease history to include: ischemia, infarct, failure, CVA, or stent
- Please send EKG to surgery center with copy of PreOp History & Physical Exam

Lab Requirements:

- Blood Glucose or Accucheck- Type I and Type II diabetic patients
- Potassium-
 1. Patients with renal disease- draw within 30-days of surgery
 2. Patient taking Digoxin- draw within 48-hours of surgery
 3. Patients taking any type of potassium altering or potassium sparing medications:
 - Draw within 48-hours of surgery: if new medication or dosage change in past 30 days
 - Draw within 30-days of surgery: if medication and dosage is stable for 30 or more days
- INR-
 1. Patients on Coumadin- draw within 48-hours of surgery. Notify Surgeon if the INR is greater than 1.5
- UPT-
 1. All menstruating females

Medication Requirements:

1. **Cardiovascular, Pulmonary, or Seizure Medication** should be taken as directed on the morning of surgery with small glass of water no less than 2-hours before scheduled arrival time.
2. **ACE inhibitors, Cozaar (losartan), and angiotensin 2 receptor antagonists** should be held on day of surgery.
3. **Diabetics:** Patient on oral medication for diabetic control should be instructed to take their evening dose. Hold AM dose on day of surgery. Insulin dependent diabetics should follow the recommendations of their prescribing Physician.
4. **Pulmonary disease:** Patients with asthma or COPD should use inhalers the morning of surgery. Instruct patient to bring their inhaler with them to the surgery center.
5. **Anticoagulants:** Patients on anticoagulant medication should follow the instructions of their prescribing physician.
6. **NSAIDS:** hold Motrin, Aleve, and ibuprofen products for 48-hours prior to date of surgery.
7. **Aspirin:** Patients undergoing shoulder and other major procedures should hold aspirin products for 7-days prior to surgery.

*Primary Care Provider- Please call the Blaine Orthopedic Surgery Center
Pre-Admission Department at (763) 302-2250 if you have questions or
concerns regarding preoperative evaluation requirements



Dear Patient:

Thank you for choosing the **Blaine Orthopedic Surgery Center**. The information below is an overview on how we bill for your surgical procedure.

- **Bring and Present Your Insurance Card on the Day of Surgery-**
An itemized statement reflecting services provided will be submitted to the insurance plan on file.
- **Automobile or Liability Accident-**
Please bring the carrier name, policy or claim number, date of accident, and adjusters contact information. We will bill your automobile or liability insurance as a courtesy, however services will remain your financial responsibility if the carrier does not pay for the services in a timely manner.
- **Workers Compensation Injury-**
Please bring your Work Comp carrier name, claim number, injury date, adjuster's name, and phone number.
- **Self-Pay Patients-**
A cost estimate will be provided. We do require payment in full prior to the day of surgery. We do offer a discount for payment in full. If you are unable to pay in full, please contact our billing department at **(952) 456-7384** to make an arrangement to include a down payment and short-term payment arrangement.
- **Your surgeon's office, surgical facility, and anesthesia professional group (if anesthesia services are provided) will each submit a claim to your insurance, work comp, or auto plan on file.**
- **Due to the number of insurance plans and varying networks, it is impractical for our surgery center to confirm in-network coverage for all patients. This responsibility is yours as the patient.**
 1. Please call your insurance company by using the phone number on the back of card.
 2. Provide the information below to the representative. Ask if our surgical facility is In-Network with your plan.
 3. We encourage you to also verify the anesthesia professional group noted below.

Surgical Facility

Blaine Ambulatory Surgery Center, LLC
DBA: Blaine Orthopedic Surgery Center (Doing Business As)
11225 Ulysses Street NE, Blaine, MN 55434
NPI # 1922526961 Tax ID # 822416401

Anesthesia Professional Group

Metropolitan Anesthesia Network, L.L.P.
NPI # 1558314427 Tax ID # 41-1524692
Billing (763) 852-0402
www.healthbilling.net

*For billing questions or concerns, please contact our billing department at **(952) 456-7384** for assistance.*

Thank you again for the opportunity to serve you.

PATIENT OUTCOMES: WELL-BEING FROM THE PATIENT PERSPECTIVE

TIME
SENSITIVE
PRE-OP

A part of comprehensive quality care is understanding our patients from head to toe, injury to recovery.

Your physician will ask you to complete a health status form prior to and following surgery. These forms can be emailed to you, or you may complete them online at TCOmn.com/oberd. More instruction on how to complete these forms can be found below.

*** Pre-operative forms must be completed before surgery.**

Why does my physician want this information?

These forms will help measure your level of ability and pain. This information will help your physician assess your health status for physical, mental and social well-being.

What will your physician do with the information?

Your physician will use this information to track your progress over time.

How do I complete the forms?

1. If you've provided an email address to your care team, your physician will send an email including a link to the forms. You can expect your physician to email you periodically throughout the next few weeks, months or years looking for updates on your ability and pain status. If you would like to provide an email address, please contact our registration desk at 952-512-5600.
2. If you did not receive a link to the forms, go to TCOmn.com/oberd. Begin by entering your personal information and your Patient ID. After you login, you will be presented with a screen displaying the forms that your physician requested. Click the "START" button next to the form to begin recording your responses.

If you login and do not see medical forms to complete, this means your physician is up to date on your current health status and there is no action required at this time.



○ TCO Collects: Your functional ability, mental and physical global health, surgery satisfaction and pain management control

Visit TCOmn.com/oberd to update your provider about your health.

PATIENT ID: _____

