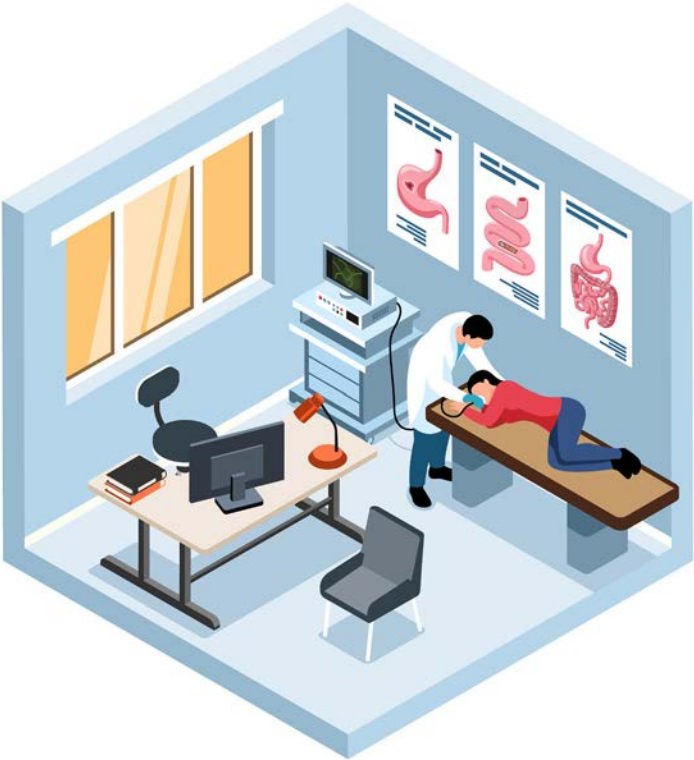


ENDOSCOPY PROCEDURE PATIENT BOOKLET



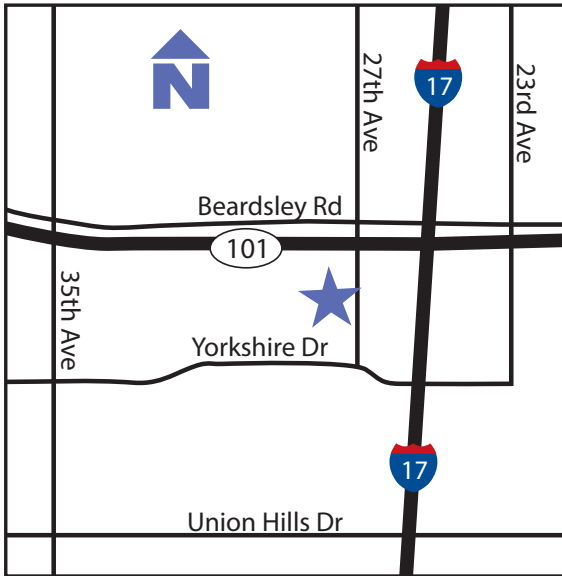
Deer Valley Surgical and Endoscopy Center

Affiliated with **HONORHEALTH**[®]



DIRECTIONS

Deer Valley Surgical and Endoscopy Center is located across the street from the **Deer Valley Medical Center** on 27th Avenue, the Outpatient Surgery Center is on the first floor of a medical office building. Nearby is another medical office building and a large shopping center to the north. Ample parking is available in a parking garage and a parking lot.



DEER VALLEY SURGICAL AND ENDOSCOPY CENTER

19646 N 27TH AVE, SUITE 204 • PHOENIX, AZ 85027

Tel **602.633.3097** • Fax **602.633.3098**

Deer Valley Surgical and Endoscopy Center

Appointment: _____

Date: _____

Time: _____

19646 N. 27th Avenue, Suite 204 • Phoenix, AZ 85027

Tel 602.633.3097 • Fax 602.633.3098

DVsurgeryendo.com

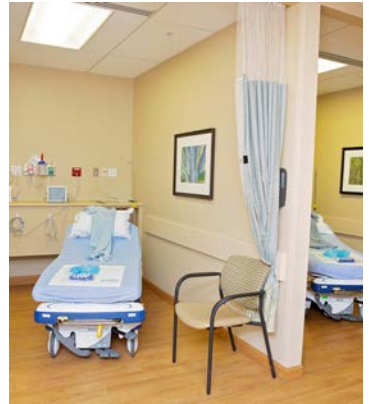


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Important Contact Numbers:

DEER VALLEY SURGICAL AND ENDOSCOPY CENTER:	
SURGICAL PHONE NUMBER.....	(602) 633-3097
FAX NUMBER.....	(602) 633-3098
PATIENT BENEFITS NUMBER.....	(480) 767-2120
BILLING DEPARTMENT LOCAL NUMBER.....	(480) 767-2171
BILLING DEPARTMENT TOLL FREE.....	(866) 921-2171
BUSINESS OFFICE MAIN LINE.....	(480) 207-3737

Welcome

Welcome to DEER VALLEY SURGICAL AND ENDOSCOPY 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 Deer Valley Surgical and Endoscopy 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 procedures at our facility based upon your health plan.

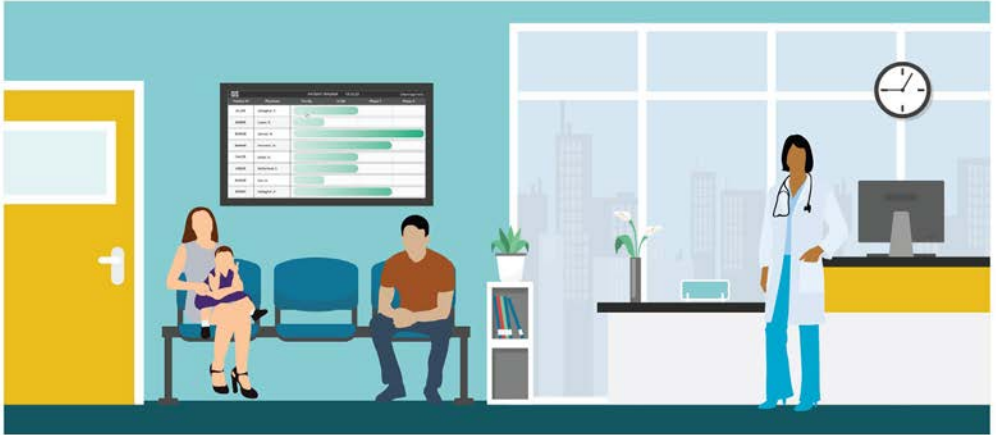
Am I ready for my Procedure?

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

Be on the lookout for an email or text message welcoming you to our new surgical portal. Please complete your pre-surgical questionnaire online before your procedure. You may also receive a call from our nursing staff to simply confirm information with you. If you are unable to complete your pre-surgical questionnaire online, please contact us and request to speak to a PreOp nurse at 602.633.3097.



Be on the lookout for an email or text message welcoming you to our new surgical patient portal!



This portal will allow you to complete your pre-surgical questionnaire online instead of answering these questions over the phone. When you complete the online questionnaire, your responses will be reviewed by a nurse, who will contact you by phone if there are any additional questions.

You will also have access to your pre-surgical instructions and can access them at any time by clicking on the link in the email or text message.

- **Do I need to download an app for this?**
No, by clicking the link in the email or text message, you will be brought to the login screen in your web browser.
- **Do I need to create an account and a password?**
No, your secure link will allow you to log in using your name and date of birth.

Please contact the surgery center if you have any additional questions.

Deer Valley Surgical and Endoscopy Center
Affiliated with HONORHEALTH

Patient Sign In

☞ Patient's First Name

☞ Patient's Last Name

📅 Patient's Date of Birth

Sign In

DEER VALLEY SURGICAL AND ENDOSCOPY CENTER

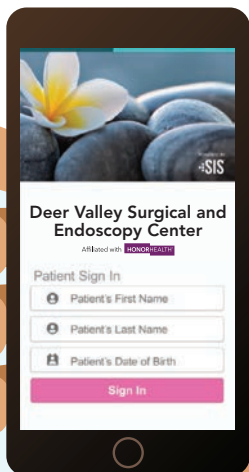
19646 N 27TH AVE, SUITE 204 • PHOENIX, AZ 85027

Tel **602.633.3097** • Fax **602.633.3098**



EASY-TO-USE SURGICAL PORTAL

CONVENIENT AND SECURE



Complete **Pre- and Post-Surgery Questionnaires**



Get **Reminders**



Review **Instructions and Acknowledge Consents**



View **Estimates**



Easy Link for **Payments**

ACCESS VIA EMAIL OR TEXT MESSAGE

No username or passwords to remember!

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SISFirst.com

SIS | OPERATE SMART™

Insurance & Billing

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

Deer Valley Surgical and Endoscopy Center Facility Fee
Surgeon/Physician Fee
Anesthesia Fee (If applicable)
Lab/Pathology Fee (If Applicable)

Payment is expected at the time of service.

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 procedure. In addition to the physician co-pay, you may also have a facility co-pay.

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 procedure center or both. Also be aware that co-insurance may be in addition to your co-pay.

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.

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 procedure you will receive a call from Deer Valley Surgical and Endoscopy Center's business office. We will verify your insurance and give you an estimate of your patient responsibility of the facility fee based on what your physician has scheduled. **The amount that is quoted to you is based on Deer Valley Surgical and Endoscopy Center's contracted rate with your insurance. Your estimated patient responsibility is due at the time of service.**

DAY OF PROCEDURE

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 PROCEDURE

Now that your procedure has been scheduled you will receive a call from our 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 our 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, if you have secondary insurance or the procedure is allowed under screening services, then you may not have any payment due on the day of your procedure.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **can’t** be balanced billed for these emergency services. This includes services you may get after you’re in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Under Arizona law, if you received emergency services at an in-network facility you may seek arbitration of qualifying out-of-network bills.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center,

certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Under Arizona law, if you received emergency services at an in-network facility you may seek arbitration of qualifying out-of-network bills.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Arizona Department of Insurance and Financial Institutions at (602) 364-3100.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit <https://difi.az.gov/arizonas-surprise-out-network-billing-dispute-resolution-soonbdr-program> for more information about your rights under Arizona Revised Statutes 20-3111 through 20-3119.

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.

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

Before Procedure

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

- Notify your physician as soon as possible if there is any change in your physical condition, such as a cold or fever.
- If you wear contact lenses or glasses, bring a case for their safekeeping. We provide containers for removable dentures and bridgework.
- 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 at least 2 hours before the procedure if you have been instructed to by your Physician (there are some meds we do not wish them to take on the morning of procedure per criteria and if they take them within 2 hours of the start time they may be delayed). If you take aspirin, blood thinning medications or herbal supplements, please notify your physician and anesthesiologist. Failure to do so may result in the cancellation of your procedure.
- You may 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 have any questions about your instructions, please contact us.

Day of Procedure

- It is your responsibility to arrange in advance for a responsible adult (18 years of age or older) to drive you home. Taxi or car services such as Lyft and Uber are not permitted unless patient is accompanied by a responsible adult.
- Do not use lotions, perfume or oils after bathing the morning of the procedure.
- Wear loose, comfortable clothing such as sweatsuits and easy to button shirts or blouses. 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 procedure, both prescription and non prescription.
- Be prepared to sign a form giving your consent for the procedure. If the patient is under 18, a parent or 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 procedure. An intravenous line will be started to administer anesthesia and medications. An anesthesiologist will meet you before procedure to discuss your anesthesia and answer any questions you may have.
- Your family will be asked to wait in the front lobby. The physician will speak to you or your family after the procedure.

After Procedure

- 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. You should resume a normal diet unless instructed otherwise by your doctor. Soft foods such as pancakes and eggs are good to start with initially, you should try to avoid gas producing foods. It is not unusual to feel a little sleepy, lightheaded, dizzy or experience mild abdominal discomfort after your procedure. Do not sign any important papers or make any significant decisions for at least 24 hours.
- If you have any questions or problems after the procedure, please contact your doctor.
- You will receive a post procedural follow up message and survey via text or email from the facility.
- Do not drive a car, smoke, drink alcoholic beverages, operate machinery or cook for 24 hours after procedure.

Policy on Advance Directives and Living Will

Deer Valley Surgical and Endoscopy Center honors and respects the patient's right to having Advance Directives and/or a Living Will and acknowledges that all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions.

It is the consensus of the Deer Valley Surgical and Endoscopy Center management, physicians and staff that, because individuals having surgery in this facility are generally of good health and the procedures are considered elective, if untoward medical events should occur, life sustaining procedures would be initiated in this facility. We would then follow protocol to transfer to a facility, where the patient's Advanced Directives could be considered, for appropriate care and treatment.

Information about Advanced Directives will be given to every patient at the time of Admission. Patients with advanced directives are responsible for informing their physicians, as well as the facility and providing a copy.

In the event a patient has an Advanced Directive and presents a copy, it shall be placed in the patient's medical record at the time of admission and shall be sent with the patient in the event of a transfer to a hospital. The presence of an advance directive shall be clearly documented on the facility documentation form and shall be communicated to staff participating in the patients care.

Advance Directive information shall be updated at every patient visit. 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

All patients shall be given a copy of their Rights and Responsibilities prior to their surgery. The patient will be asked to acknowledge, in writing, their receipt of Patient Right by the physician's office.

Patient Rights and Responsibilities shall be displayed in the front lobby in a conspicuous location.

Patient Rights shall include the address and telephone number of Arizona Department of Health Services to whom the patient can report complaints, as well as the web site and phone number for the Office of Medicare Beneficiary Ombudsman.

This facility and medical staff have adopted the following statement of patient rights. These rights are provided to the patient or the patient's representative in advance of their procedure by their physician. These rights shall include, but not be limited to:

- 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/ she desires.
- The patient has the right to be free from any act of discrimination or reprisal.
- Patients are treated with respect, consideration, and dignity.
- Patient has the right to personal privacy at check-in, in evaluation, and treatment areas.
- The patient has the right to receive care in a safe setting.
- The patient has the right to be free from all forms of abuse and harassment.
- The patient has the right to an appropriate assessment and management of pain.
- The patient has the right to be informed 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.
- To the degree that it is known, patients are provided with information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.
- If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, policy indicates the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, policy indicates any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- Be informed of the right to change providers if other qualified providers are available.
- Patients are given the opportunity to participate in decisions involving their health care, except with such participation is contraindicated for medical reasons.
- The patient has the right to be fully informed about treatment or procedure and

the expected outcome before it is performed.

- 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).
- 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. The 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
- May consent to or refuse treatment.
- May participate or refuse to participate in research or experimental treatment. The rights and welfare of all patients participating in research are protected.
- May refuse or withdraw consent to treatment before treatment is initiated.
- 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, validation 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.
- 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.
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge.
- 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.

PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >

- 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 their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- 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.
- The patient is responsible for following the agreed upon treatment plan prescribed by their provider and participate in their care.
- 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.
- Patient is responsible for accepting personal financial responsibility for any charges not covered by insurance.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for behaving respectfully toward all health care professionals and staff, as well as other patients and visitors.
- The patient is responsible for being respectful of his/her personal property and that of other people in the facility.
- The patient is responsible for providing a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions.

ADMINISTRATOR

Deer Valley Surgical and Endoscopy Center
19646 N 27th Ave, Suite 204 • Phoenix, AZ 85027
(602) 633-3061

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

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Ave, Suite 450 • Phoenix, AZ 85007
(602) 364-3030

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
(AAHC)**
(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
Deer Valley Surgical and Endoscopy Center
19646 N 27th Ave, Suite 204
Phoenix, AZ 85027
(602) 633-3097

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
Deer Valley Surgical and Endoscopy Center
19646 N 27th Ave, Suite 204
Phoenix, AZ 85027
(602) 633-3097

Notice of Financial Interest/Ownership

Deer Valley Surgical and Endoscopy 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:

Shreya Amin, MD

Bassel Al-Lahham, MD

Hussein Al-Hamid, MD

Caren Borjeson, DO

Shawn Blick, MD

Samedyar Durrani, MD

Joseph Fares, MD

William Fishco, DPM

Benjamin Hanshaw, DO

Michael Hayman, MD

Jeffrey Holmes, DPM

Vi Hua, MD

Jason Kayce, DPM

Jay Larson, DPM

Alexander Lee, MD

Rick Low, MD

Delbert Maddox, DO

Jeffrey McAlister, DPM

Stacey McClure, MD

Brenda Moorthy, DO

Mehul Patel, DO

Roni Prucz, MD

Michael Rodriguez, DO

Neeraj Singh, MD

Howard Tay, MD

Kyle Vaughn, DPM

Justin Wong, MD

Deer Valley Surgical and Endoscopy Center

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Accredited by the

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.