



VASCULAR ACCESS CENTER

Both Medicare and Pennsylvania law requires us to notify you when your physician refers you for a medical service, product, or device to a facility or business in which he or she has a financial interest.

Please be advised that the following physicians have a financial interest in TMA Vascular Access Center.

1. Dr. Pradip Teredesai
2. Dr. Allen Wolfert
3. Dr. Qizhi Xie
4. Dr. Matthew Pesacreta
5. Dr. Elias Bahta
6. Dr. Joshua Sysak
7. Dr. Nirav Patel
8. Dr. Ameet Karambelkar
9. Dr. Suiwen He

You will always have the freedom to choose an alternate facility if you desire.

Elias B. Bahta, M.D. - Joshua C. Sysak, D. O. - Nirav D. Patel, M.D.



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TMA Vascular Access Center Acknowledgement of Receipt of Notice of Privacy Practices

In general, any information that is about your health, the health care you receive, or payment for that care is considered confidential and protected by our Practice. We may need to use your protected health information to carry out treatment, payment, healthcare operations and/or other purposes. Our Notice of Privacy Practices provides a more complete description of permitted uses and disclosures.

Non-Discrimination Policy

TMA Vascular Access Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TMA Vascular Access Center:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as: ○
 - Qualified interpreters ○ Information in other languages

If you need these services, contact Karen Glass Director of Operations. If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Karen Glass
Director of Operations
1597 Washington Pike, A 14
Bridgeville, PA 15017
412-276-9030
kglass@tma-wpma.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F
HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at: <https://www.hhs.gov/ocr/office/file/index.html>

Advance Directive Policy

Purpose: The purpose of this policy is to provide guidance regarding the handling and use of Advance Directives.

The Center has established the following practice with regard to Advance Directives.

Procedures:

1. Written notice will be provided to you or your representatives regarding the Center's policy on Advance Directives. This notice will be provided on or before the date of surgery. If provided on the day of surgery, the notice will be provided to you prior to you receiving any care.
2. You are not required to prepare or provide Advance Directives prior to receiving treatment at the Center.
3. In accord with Pennsylvania law, you have the right to decide the type of health care you want. You have the right to name a healthcare agent and the right to tell healthcare providers the choices you want regarding initiation, continuation, withholding or withdrawal of life sustaining treatment and other specific instructions.
4. If you present Advance Directives, the document will be included in your record.
5. Considering the nature of the procedures carried out at the Center combined with the Center's perspective on Advance Directives, should the need arise, the Center will always attempt to resuscitate you and transfer you to a hospital for further care. The Center's position regarding attempting resuscitative measures regardless of the existence of Advance Directives is permitted in accord with PA Code, Title 20, Chapter 54, Section 5424 and is in compliance with Medicare's coverage.
6. If you have presented the Center with Advance Directives and require unanticipated transfer to a hospital, you will be transferred and a copy of the Advance Directives will be provided to the hospital with the other elements of your record.
7. If you do not have Advance Directives but are interested in learning about such a document you will be directed to the Pennsylvania Department of Aging website for further information (www.aging.state.pa.us) and access to "Understanding Advance Directives for Healthcare". If requested, you will be provided with the Pennsylvania Advance Directive forms.



VASCULAR ACCESS CENTER

PATIENT RIGHTS

A patient (or person responsible for the patient) has the right to:

1. Respectful care given by competent personnel in a considerate, dignified manner that is safe and free from abuse or harassment.
2. To be given, upon request, the name and credentials of his attending practitioner, the names and credentials of all other practitioners directly participating in his care, and the names, credentials and functions of other health care personnel having direct contact with the patient.
3. Every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
4. Have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. Except when required by laws, patients are given the opportunity to approve or refuse release of their records.
5. Know what Center rules and regulations apply to his conduct as a patient.
6. Receive care in a safe setting that is free from all forms of abuse or harassment.
7. Expect emergency procedures to be implemented without unnecessary delay. A patient also has the right to be informed about Center provision for emergency and after hours care. A patient has the right to be informed of the Center's policy with regard to advance directives.
8. Good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to receive information regarding the Center's credentialing policies and the scope of services provided at the facility.
9. Full information before care is delivered, in lay terms, concerning diagnosis, treatment, expected outcome and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the patient's next of kin or other appropriate person.
10. Provide the necessary informed consent prior to the start of any procedure or treatment (except in the case of emergencies).
11. Be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient or legally responsible party must give informed consent prior to actual participation in such program. A patient or legally responsible party may, at any time, refuse to continue in any such program to which he has previously given informed consent.
12. Refuse drugs, treatment, or procedures offered by the Center, to the extent permitted by law, and a practitioner shall inform the patient for the medical consequences of the patients' refusal of drugs, treatment or procedures.
13. Medical and nursing services without discrimination based upon age, race, color, religion, gender, sexual preference, national origin, handicap or source of payment.
14. Have access, where possible, to an interpreter if the patient does not speak English. Similarly, a patient with auditory or visual handicaps will have alternative communicative assistance available to them.
15. Access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.
16. Expect good management techniques to be implemented with the Center considering the effective use of time of the patient and to avoid the personal discomfort of the patient.
17. Be provided with complete information and an explanation concerning the needs for and alternatives to a transfer to another facility. The institution to which the patient is to be transferred shall be notified prior to the patient transfer. The responsible party shall also be notified.
18. Examine and receive a detailed explanation of his bill, and to receive information on fees for services received and on Center payment policies.
19. Expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.
20. Be informed of his rights in advance of the date of procedure by verbal and written notification, except in instances in which quality of care would be compromised.
21. Marketing material that does not mislead patient regarding the Center's capabilities or competence.
22. Be informed of procedures for expressing suggestions and policies, to be notified of grievance procedures, and to voice grievances regarding treatment or care that is or fails to be furnished.
23. Change their provider if other qualified providers are available.
24. Exercise his rights without being subjected to discrimination or reprisal.
25. Have the person appointed under Commonwealth law to act on the patient's behalf and exercise the patient's rights, if the patient is adjudged incompetent by a court of proper jurisdiction.
26. Have any legal representative or surrogate designated by the patient in accordance with Commonwealth law exercise the patient's rights if the patient has not been adjudged incompetent.

1597 Washington Pike, Suite A14, Bridgeville, PA 15017

P: 412-276-9030 F: 412-276-9033

www.tmaaccess.com



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PATIENT'S RESPONSIBILITIES

Patients are expected to:

1. Provide accurate and complete information about their present complaints, past medical illnesses, hospitalizations, surgeries, medications, over the counter products, dietary supplements, allergies/sensitivities and other matters relating to their health.
2. Tell their health care providers whether they understand the treatment, plan of care, and what is expected of the patient.
3. Help the practitioners, nurses and other health personnel in their efforts to care for patients by following their instructions and medical orders.
4. Observe the Center's no smoking policy, be considerate of other patients and staff regarding noise and number of visitors, and respect the Center's property and that of other persons.
5. Inform the Center about any living will, medical power of attorney or other directive that could affect their care.
6. If required by their practitioner, provide a responsible adult to transport/accompany him home and to remain with him for 24 hours after care at the Center.
7. Accept financial responsibility for any charges not covered by their insurance.

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**TMA VASCULAR ACCESS CENTER
NOTIFICATION TO PATIENT/FAMILY UPON ADMISSION**

If you want to file a complaint or a grievance with this facility you may do so by writing to The Director of Operations at 1597 Washington Pike #A14 Bridgeville, PA 15017 or by calling the Director of Operations at 412-276-9030.

Your grievance will be reviewed and you will receive a written response. The written response will include the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate committee.

It is always best to make every effort to address patient/visitor complaints internally through discussion, investigation and potential action by/among Center personnel and the patient/visitor. Therefore, in accordance with relevant Center policies any and all patient/visitor complaints should initially be brought to the attention of Center personnel such as the Medical Director, Director of Operations or Nursing Supervisor.

If necessary, patients wishing to register a complaint regarding the Center, may contact the Pennsylvania Department of Health:

Director, Division of Acute and Ambulatory Care
625 Forster St.
H&W Building, Room 532
Harrisburg, PA 17120-0701
(717) 783-8980

If necessary, Medicare beneficiaries may contact the Medicare Ombudsman about the Center at:
www.cms.hhs.gov/center/ombudsman.asp or 1-800-MEDICARE (1-800-633-4227)

Presentation of a complaint will not compromise care.

**BILLING POLICIES
EFFECTIVE AS OF NOVEMBER 1, 2019**

We would be happy to file claims to all insurance companies on your behalf for your procedure. Please note that non-covered services such as deductibles or coinsurance are the responsibility of the patient after all insurances have been satisfied.

We would not want anyone to be denied medical coverage because of inability to pay. If you have difficulties understanding or paying your bill, we encourage you to discuss your problem with our billing office. We do take Debit and Credit Cards for your convenience. If needed, a payment plan can be arranged to suit the patient's budget.

If prior authorization or referral is required, please contact your Primary Care Physician at least one week prior to your appointment to assure that we have it in our office at the time of your appointment. **IF WE DO NOT HAVE YOUR REFERRAL AT THE TIME OF THE VISIT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED.**

If you have any questions, please feel free to call our billing office at 724-384-8392. Our staff would be happy to assist you in any way.

Elias B. Bahta, M.D. - Joshua C. Sysak, D. O. - Nirav D. Patel, M.D.