



## **SURGERY CENTER**

2801 N W Mercy Drive, Suite 200  
Roseburg, OR 97470  
Telephone (541) 677-2800  
Fax (541) 677-2820

## **Insurance & Billing**

1. If your surgery is covered by insurance, please bring a current insurance, Medicare or Medicaid card to OREGON Surgery Center
2. All charges are the patient's responsibility. As an added service to our patients, once coverage has been confirmed, we will bill the insurance company. Patient bills are due and payable within 30 days from date of billing. MasterCard and Visa are accepted.
3. The quoted fee is based on the scheduled procedure. In rare instances, unanticipated complications may cause the final fee to differ.
4. Cosmetic surgery fees are payable in full the day of surgery.

If you have any questions, please call OREGON Surgery Center at 677-2800.

## **Patient Rights**

- To expect to be treated with respect, consideration and dignity.
- To be provided appropriate privacy.
- To expect that all disclosures and records are treated confidentially and released only with the patient's consent or when required by law.
- To be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis.

## **Patient Responsibilities**

- Accurately inform staff of correct billing address, phone number, age and social security number.
- Provide accurate information concerning health-related issues such as allergies, etc.
- Follow directions regarding medications and discharge instructions.
- Be on time for your scheduled appointment.
- Treat our staff with respect and decency.