



Dear Patient, Parent or Guardian:

The Naugatuck Valley Surgical Center is dedicated to providing exceptional patient quality care. To assist in obtaining all of the important information we need to know about you, please **completely** fill out the enclosed **“Patient Data Form”**, **“Health Questionnaire”** and **“Medication Reconciliation”** sheet.

**Please return the completed forms in the enclosed envelope as soon as possible, or Fax to 203-756-9645.**

\*\*\*If your procedure is within 3 days of the receipt of these forms, please fax or bring the completed forms with you on the day of your procedure.

Preparing for your surgery can make the day of surgery less stressful. A nurse from the surgical center will call you prior to your surgery to review your medical history, notify you of the time of your surgery and give you instructions. Depending on your health history, you may be required to have pre-admission testing performed. You will also be required to have someone drive you home and stay with you for 24 hours after the procedure. **IF YOU WILL NOT BE HOME TO RECEIVE THIS CALL, PLEASE CONTACT THE SURGICAL CENTER BEFORE NOON THE DAY BEFORE YOUR PROCEDURE.** Also, if at any time prior to your surgery you become ill or have any new health problems, please contact your physician and the Surgical Center. Changes in your health may impact your physician's decision to perform your procedure.

**INSURANCE CARDS:** Please bring your insurance cards with you on the day of the surgery. We will also need to copy your driver's license or picture identification.

**INSURANCE CO-PAYS:** You will be responsible for any “One Day Surgery” co-pay required by your insurance company. This is due on the day of the surgery. We will submit all of your NVSC facility charges to your insurance carrier. If there is an outstanding balance, the billing department will send a statement with your balance due. They are also available to set up payment arrangements prior to your procedure. For your convenience, we accept cash, credit cards, debit cards and personal or bank checks. If you elect to place a credit card on file, charges will be applied for the balance due.

**PRE-AUTHORIZATION:** If your insurance company requires pre-authorization, please make sure that your physician takes care of this prior to your procedure.

**PATIENT BILL OF RIGHTS RESPONSIBILITIES:** A copy of the “Patient Bill of Rights and Responsibilities” is located on the & back side of this page and the Data Form.

**OWNERSHIP:** The Naugatuck Valley Surgical Center is a Limited Partnership whose General Partner is St. Mary's Hospital Corporation (SMHC) and whose limited partners include SMHC as well as community physicians. None of the physicians own or control five percent or more of the Limited Partnership. (See disclosure on back of "Patient Data Form")

**If you have any questions about the information provided or requested, please contact us at (203) 755-6663**