

## Medicare Services Conditions of Coverage Notification

In accordance with Medicare's Condition of Coverage for Ambulatory Surgical Centers, the following information has been provided to you, verbally and in writing, prior to the date of your procedure at BSM Surgery Center, LLC.

1. **Statement of Financial Interest:** I was advised that Dr. Wobig maintains a financial interest in this surgery center.
2. **Statement of Patient's Rights:** A copy of the Patient's Rights and Responsibilities and Grievance Procedure has been provided to you prior to the date of your initial procedure at this center.
3. **Advanced Directives Notification:** I have been advised of the center's policy on advanced directives. I understand that if I have an advanced directive, a copy will be placed in my chart at this center, however, because of the elective nature of my procedure, the center will not honor those advanced directives. In the case of an emergency, I will be transferred to a hospital and a copy of my advanced directive will be sent to the hospital where I am transferred.

**Patient Signature**