

# Belmont Surgery Center, LLC

Dear Patient,

The purpose of this letter is to provide you with some information regarding the services offered to you by Belmont Surgery Center, L.L.C.

Belmont Surgery Center, L.L.C. is one of few Medicare certified surgical facilities in Montgomery County. Medicare certification of our facility indicates that the facility is in compliance with the strict standards of care established by Medicare for ambulatory surgical facilities. Most insurance companies and HMO's use the rigorous standards of Medicare certification as their own criteria for excellence in this area. The facility is constructed in compliance with life safety requirements and appropriately equipped for the types of surgeries performed in the center. The center has equipment necessary for anesthesia services and emergency equipment and drugs to respond to emergencies which may arise in the facility. The staffs is appropriately trained and fully oriented to the policies and procedures of the facility.

Having your surgical procedure completed at Belmont Surgery Center, L.L.C. provides many advantages to you. It is normally more convenient for you to have your surgery completed here in a familiar setting with familiar faces. Often your surgical procedure can be scheduled to more easily accommodate your schedule. Your choice to have your surgical procedure completed at Belmont Surgery Center, L.L.C. may prove to be more cost effective to you and your insurance carrier. In addition to your doctors bill the medical service provided your insurance provider will be billed a facility fee, just as a hospital or ambulatory surgical facility does, but in many circumstances our fees are less than the fees charged in other settings. *You will be responsible for deductibles and copays.*

We hope you find using Belmont Surgery Center, L.L.C. both comfortable and convenient. We encourage you to ask any questions you may have regarding the facility.

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Signature of Patient or Personal Representative if the Patient is a Minor

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Date

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Printed Name of Patient or Personal Representative

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Relationship of Personal Representative to the Patient