Jackson Ophthalmology ASC, LLC d.b.a. Physicians Surgery Center

**WHAT WE ARE:** We are an outpatient surgical and procedural facility licensed in the State of Tennessee.

**WHO WE ARE:** We are wholly or partially owned by physicians who desired to provide a safe and

comfortable medical facility that would provide efficient and effective services to

patients.

**YOUR RIGHTS** You have the right to choose the provider and the facility for your health care services.

**AS A PATIENT:** 

You will not be treated differently by your physician if you obtain health care services

at another facility.

**YOUR CHOICE:** Your physician may have ownership interest in this facility. You have the right to

know this, so if you want to know, please ask. Please discuss with your surgeon your questions or concerns, if you may want to have your procedure at an alternative health

care facility.

**CREDENTIALS:** All of the physicians and anesthetists have been credentialed according to regulations

and standards. Information is available upon request.

**PATIENT** If patients have complaints or concerns in regard to care at our facility, they are encouraged to let the manager know. If further review is indicated, patients are uncouraged to let the manager know.

encouraged to let the manager know. If further review is indicated, patients are urged to fill out a grievance form, which is available upon request at the front desk. Contact

information for the Center manager, for the State and for Medicare are available below.

ADVANCE

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BIF you have an advance directive or living will and a medical emergency arises, a surgery center will transfer you to the closest hospital. A surgery center will not follow do not resuscitate requests. Please discuss with your physician if you have questions. A

hospital will make decisions about following any advance directive or living will or a request to not resuscitate should your heart stop or if you should stop breathing. You have a right to have your living will or advance directive information present in our medical record and to be informed of the facility's policy prior to the procedure. State information and forms to prepare an advance directive or living will, if you decide to

have one, can be found at the following web site:

https://eforms.com/living-will/tennessee-living-will-declaration-form

Please let us know if you have a complaint or concern by asking for the Administrator.

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Consumer Complaints can also be made at state and federal offices:

Write the State: Div. of Health Care Facilities, Centralized Complaint, 665 Mainstream Drive, 2nd Fl.Nashville, TN 37243

State web site: https://www.tn.gov/health/health-professionals/hcf-main/filing-a-complaint.html

**Call the State:** Complaint hotline at 877-287-0010

For Medicare Office of the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp