



9118 Bluebonnet Centre Blvd., Baton Rouge, La 70809
Phone 225-368-2330 Fax 225-368-2275

DISCLOSURE OF FINANCIAL INTEREST

As Required by R.S. 37:1744 and LAC 46:XLV.4211-4219

Louisiana law requires physicians to disclose to a patient, when the physician refers the patient to another health care provider or facility, that the physician has a significant financial interest in that entity. The purpose of this Disclosure is to notify you that you have been referred to the following health care entity, for the purpose listed below, in which Dr. Sandra Weitz, Dr. Alpesh Patel, and Dr. Alex Ingerman have an ownership interest in excess of 5% of the health care entity to which you are being provided.

Entity: Advanced Surgical Concepts, L.L.C.

Address: 9118 Bluebonnet Centre, 1st Floor
Baton Rouge, Louisiana 70809

Purpose Of Referral: Outpatient Surgery

Advance Directives

We at Advanced Surgical Concepts want to provide information to all patients of their rights under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

As specialists providing outpatient services in an ambulatory setting, ADVANCED SURGICAL CONCEPTS does not directly address advance directives with patients scheduled for procedures at the Center. It is the policy of the Medical Director and staff to honor advance directives presented to them by their patients. However, should an untoward event happen to a patient while he or she is in our Center, it is also our policy to stabilize that patient and transport him/her to the hospital of his/her choice with a copy of the advance directive (if made available).

Information on the state laws (R.S. 40:1299.58.1-40:1299.58.10) and official state advance directive forms are available upon request.

Louisiana Balance Billing Disclosure

As required by LA. R.S. 22:1880

HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OF PART OF THE FEES FOR THOSE OUT OF NETWORK SERVICES, IN ADDITION TO APPLIABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN NETWORK AND OUT OF NETWORK FACILITY BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.