



Welcome!

Thank you for choosing the OAM Surgery Center at MidTowne's Outpatient Joint Replacement Program.

The goal of our outpatient joint replacement program is to help you avoid an unnecessary hospital stay while you recover safely and comfortably at home. We will provide you with education before surgery and follow up with you after surgery to ensure you have what you need.

Understanding what you can expect and having plans for pain control after surgery will set you up for success. We cannot promise a painless recovery but we will do our best to help manage your pain to a tolerable level. Following your surgeon's instructions and activity level recommendations (not doing too much too soon) will help you heal after surgery, and participating in physical therapy will help to restore function to your joint.

Please go to <https://oamsurgerycenter.com/> to view your recorded total joint class and physical therapy exercises.

We are looking forward to caring for you.

-The Physicians and Staff at the OAM Surgery Center at MidTowne

Table of Contents

Welcome Letter	1
Pre-surgical Checklist	3
Potential Complications	4
Preparing for Surgery	6
Hibiclens Shower Instructions	8
Pain Management After Joint Replacement	9
Day of Surgery	10
Post-Op and Recovery	11
General Guidelines for Post-Op Medication Use	12
Antibiotic Protection Recommendations	12
Tricks, Tips, and Precautions	13
OAM CARE Card (Post-Op Symptoms)	15
Day by Day Recommendations	17
Important OAM Phone Numbers	19

Pre-surgical Checklist

- ☐ Read through this packet in its entirety and follow all instructions.
- ☐ Choose your Joint Coach. This can be one or more trusted individuals. They must be able to drive you to surgery and stay with you for at least 72 hours after surgery.
- ☐ Call your Primary Care Physician to schedule a pre-operative medical clearance appointment. This needs to be completed within 30 days of surgery.
 - Obtain labs or tests requested by your physician at least 2 weeks prior to surgery
 - Get your MRSA culture swab completed no later than 1 week prior to surgery
- ☐ Watch your required Joint Replacement Class Video with your Joint Coach. The link can be found in your email or on oamsurgerycenter.com
- ☐ Pick up prescribed medications. These are typically prescribed by your surgeon 5-7 days prior to your surgery date.
 - Do not use any of these medications until after surgery.
 - You will receive a 72 hour medication chart on the day of surgery, specific to you, to refer to following surgery with suggested times for taking your medications
 - The prescription labels may list generic names different from those in the chart.
- ☐ Fill your health history out via HST Patient Engagement
 - You will receive a secure link via text message and email from “HST Pathways”
- ☐ Obtain required Durable Medical Equipment (DME) by following your surgeon’s recommendations and instructions.
 - A cold therapy cooler can be purchased through OAM DME. Medical insurance does not cover this product. The cost of this item is \$200.
- ☐ Quit smoking 4-6 weeks prior to surgery to help decrease your risk for infection and improve your body’s ability to heal.
- ☐ The Surgery Center’s billing department will reach out to review the cost for surgery
- ☐ Any questions you have regarding FMLA, physical therapy, or surgical clearance should be directed to your surgeon’s office at 616-459-7101. Also please see “Important OAM Phone Numbers” on page 19

IMPORTANT: If you develop a fever, cold, rash, or draining wound prior to your surgery, or if you visit the ER, urgent care, or are hospitalized, call your surgeon’s office to alert them to your change in health. Update your surgeon with any changes in your medical conditions before the day of your surgery. For your safety, it is possible that your surgery may need to be postponed. Any dental problems, especially abscessed teeth, must be treated and resolved prior to surgery.

Potential Complications

Like other major surgeries, there are risks with joint replacement surgery. While not all complications are preventable, you can reduce your risk by carefully following your care team's instructions.

- **Infection**

- **Prior to Surgery**

- Treat any known infections (dental, skin, urinary etc.) and notify your surgeon's office
 - Do not shave your surgical leg or arm for 1 week prior to surgery
 - The night before surgery:
 - Shower using a clean washcloth and towel using chlorhexidine solution or wipes.
 - Put clean sheets on your bed and keep pets out of your bed
 - Wear clean pajamas, anyone sharing your bed should do the same.
 - The morning of surgery:
 - Shower again with clean linens and chlorhexidine.

- **After Surgery**

- Do not allow pets in your bed until your incision is completely healed
 - Wash your hands often and ask others entering your home to do the same
 - Wait at least 90 days to see your dentist; follow your surgeon's recommendations
 - You may need a prophylactic antibiotic for future dental visits
 - Follow your surgeon's recommendations for-incision care
 - Maintain a healthy diet, rest well, and exposure to illness.

- **Blood clots**

- Take aspirin or other blood thinners as prescribed.
 - If also taking an NSAID for pain, monitor for signs of GI bleeding: black or tarry stool, vomiting bright red blood, abdominal cramping, dizziness or fainting, and shortness of breath. Notify your surgeon immediately if these occur.
 - Use compression stockings (TEDs) if instructed
 - Perform ankle pumps (like pressing a brake pedal) several times an hour while awake for the first two weeks after surgery.

- **Pneumonia**

- Cough and deep breathe hourly for the first few days after surgery, take several slow, deep breaths every hour to help expand your lungs and cough to clear any potential congestion.

- You may be sent home with an incentive spirometer, use it according to the instructions you receive.
- **Numbness/Tingling**
 - Common after nerve blocks and joint replacement surgeries, usually resolves with time.
- **Stroke and heart attack** are potential risks with all major surgeries and anesthesia.
 - This is why it is essential your medical conditions are well managed before surgery.
- **Urinary Retention**
 - Some patients are unable to urinate after surgery, even with a full bladder.
 - If this occurs nurses may scan your bladder or insert a catheter to ensure it is safe for you to go home
 - Patients at higher risk: Men over 50, men with an enlarged prostate, previous pelvic surgeries, knee or hip surgeries, surgeries greater than 2 hours long, diabetes, renal failure, or depression
 - Symptoms: lower abdominal discomfort or distension, sensation of a full bladder, bladder spasms or urine leakage without emptying bladder. Sometimes there are no symptoms.
 - Prevention: A nurse will help you walk soon after waking from surgery. If you are having trouble urinating, ensure the muscles in your body are relaxed and take your time in the restroom. If you are still unable to urinate, taking frequent, short walks may help; you can also try placing a warm pack over the bladder.
 - If you were unable to urinate after surgery at the Surgery Center, and still cannot urinate for 6 hours after you leave go to the ER.

Please discuss all questions and concerns with your surgeon or your anesthesiologist

Preparing For Surgery

At Home

To help ensure a smooth and safe return home after your surgery, please review and consider the following:

- Prepare meals in advance to reduce the need for cooking post-surgery
- Remove throw rugs and other tripping hazards
- Place night lights in bathrooms and dark areas you may walk through at night
- Add non-skid surfaces or strips in tub/shower
- Have non-slip footwear ready to wear at home
- Be cautious around slippery surfaces such as wet floors and icy outside conditions.
- Do not drive until your surgeon gives clearance AND you are no longer taking narcotic pain medication.
 - Arrange for transportation to your post-operative appointment

One week prior to surgery

- Stop all non-steroidal anti-inflammatory medications (such as ibuprofen and naproxen), vitamins and supplements.
- Stop any medications you take once a week (for example: Ozempic, Wegovy, Mounjaro or Trulicity)
- If you have permission from the doctor who prescribed them, stop any anti-coagulants (such as Coumadin or Eliquis) and aspirin. If you are unable to stop taking these medications, notify your surgeon immediately.
- Do not shave your surgical limb for at least 1 week prior to surgery to help prevent infection.
- Continue pre-surgical exercises
- Make sure you have all the medications you need
 - Prescriptions have been filled for the medications you are to take after surgery:
 - Extra strength Tylenol
 - Aspirin 81mg
 - Stool softener and/or laxative (Senna S is recommended)

One day prior to surgery

- Shower using chlorhexidine solution or wipes the night before surgery, making sure to follow instructions.
- Do not use any lotions or moisturizers on the arm or leg you will be having surgery on
- Remove nail polish on the arm or leg you will be having surgery on

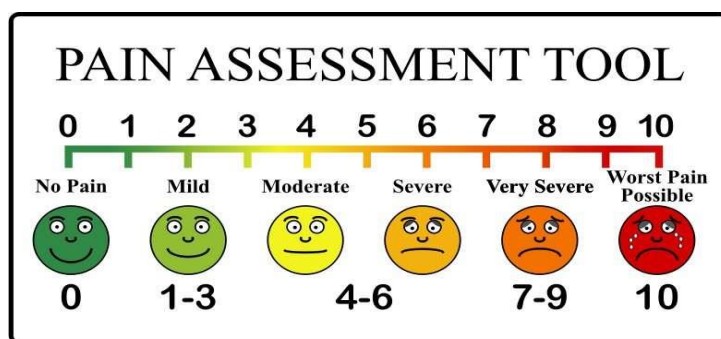
- Take your medications as directed by your Joint Replacement Nurse Navigator during your pre-operative phone call. Please contact the Surgery Center (616) 552-5100 if you have any questions about which medications to take or not take.
- **When to stop eating and drinking:**
 - Stop eating and drinking at midnight the night before surgery except for the following:
 - You may have clear liquids (water, soda, coffee with no creamer) until two (2) hours before your arrival time for surgery

Hibiclens Shower Instructions

- Why do I have to shower with special soap or wipes?
 - Showering with Hibiclens, also known as chlorhexidine or CHG, helps prevent infection
- When should I shower?
 - Wash with Hibiclens soap or wipes the night before AND the morning of surgery
- Important reminders
 - Do not shave or remove body hair one week prior to surgery
 - Do not apply any lotion or other skincare products after showering with Hibiclens
 - If you find you are allergic to Hibiclens, stop using it and use antibacterial soap instead
- How to shower with Hibiclens soap or wipes:
 - Rinse body with warm water
 - Wash hair with shampoo then rinse with water
 - Turn off water. Apply Hibiclens soap to a wet wash cloth or open your wipes
 - Firmly massage all areas of your body except for your face/head and your genital (private) area.
 - Clean between your fingers and toes
 - Pay attention to your surgery site and surrounding areas
 - Clean your buttocks last
 - Repeat step 4
 - Turn on water. Lightly rinse your body.
 - Dry off with a clean towel.
 - Wear clean clothes and use clean bed linens.

Pain Management after Joint Replacement Surgery

- Understanding what you can expect and having plans for pain control after surgery will set you up for success.
- **Pain is a normal part of the recovery process; you will have pain after your joint replacement surgery.**
- We will do our best to help manage your pain to a tolerable level.
 - **The goal of pain management is for you to be able to do activities of daily living like eat, sleep, breathe deeply, and walk.**
 - Follow your 72-hour medication chart and take your medications as prescribed. Do not take your medications more often than prescribed.
 - Make sure to ice and elevate as instructed.
 - Follow activity recommendations; doing too much too soon will increase your pain level.
 - Once you get home, we recommend using relaxation, meditation, reading, and music to help with pain control in addition to your pain medications
 - Work on spacing out doses and then weaning off of your opioid pain medications as your pain starts to decrease.
 - You can take over-the-counter pain medications in addition to or instead of opioids.
 - Do not exceed 3,000mg Tylenol per day
 - Percocet and Norco both contain Tylenol; include these in your daily total
 - Follow your surgeon's instructions regarding NSAIDs (meloxicam, Celebrex, ibuprofen, naproxen, etc.)
- **If your pain is not tolerable to you, even when you take your opioid and over-the-counter medications as prescribed/directed, are using ice, and are elevating appropriately:**
 - During the first week after surgery, call the nurse navigator between 8AM-4PM at 616-459-7101 ext. 5121
 - After the first week, call your surgeon's office at 616-459-7101
 - After hours: a physician is available for urgent questions and concerns 24 hours/day, 7 days/week at 616-459-7101.
 - Pain medications will NOT be ordered or refilled by any on-call doctor during closed office hours



Day of Surgery

At Home

- To help prevent infection:
 - Do not shave the arm or leg you are having surgery on
 - Shower using the chlorhexidine solution or wipes the night before and morning of surgery, making sure to follow all instructions
 - Use clean towels, clean bed linens, and clean pajamas the night before surgery, and wear clean clothes the day of surgery
- When to stop eating and drinking:
 - Stop eating and drinking at midnight the night before surgery except for the following:
 - You may have clear liquids (water, soda, coffee with no creamer) until two (2) hours before your arrival time for surgery
- Choose comfortable, loose clothing to wear to the Surgery Center
- Avoid the use of lotions, perfume, make-up, and nail polish
- Take medications as recommended by the Joint Replacement Nurse Navigator with a small sip of water
- Leave valuables, jewelry, and contact lenses at home.

At the Surgery Center

- Bring the following to the Surgery Center:
 - ☐ Insurance card
 - ☐ Photo ID
 - ☐ Glasses, hearing aids, and dentures if you use them
 - ☐ Durable medical equipment
 - If you have gotten a walking aid, like crutches or a walker, please pack it in your car but do not bring it into the Surgery Center unless you need to use it to get inside. We will bring you out to your car in a wheelchair after surgery.
 - If you have picked up something that supports your new joint, like a brace or sling please bring it with you into the Surgery Center.
- The person coming with you for surgery must be with you at the Surgery Center for your entire stay.
- Your surgeon and anesthesiologist will come speak with you prior to your surgery and will answer any questions you may have. You might not speak with your surgeon again until your post-op appointment.

- Joint replacement surgeries often take between 1-3 hours. You will then need some time to recover from anesthesia before your coach can be with you. The amount of time needed is different for everyone, but our nurses will take great care of you.
- Your joint replacement nurse navigator will give you a 72 hour medication chart to follow after surgery with recommended times to take your medications.

Post-Op and Recovery

At the Surgery Center:

- Prior to discharge you should be able to tolerate food and drink. If you are experiencing nausea or vomiting it should be controlled prior to discharge.
- Prior to leaving the Surgery Center, we will need to confirm the following:
 - All home medication prescriptions are filled
 - Your pain is controlled
 - Please note that some pain is normal. Our goal is to make sure that it is tolerable for you.
 - Your blood pressure, heart rate, and respirations are all within normal limits
 - Total hip and total/unicompartmental knee patients only:
 - You are able to walk safely
 - You are able to go up and down stairs safely if you need to do this at home
 - You and your coach have no further questions about your discharge instructions after we have gone over them and you feel confident about going home

At Home

- Someone from the Surgery Center will follow up 1 day and 7 days after surgery to answer any questions and discuss any concerns you may have.
- Perform physical therapy exercises as instructed by your surgeon and/or physical therapist.
- Follow the discharge instructions provided by your surgeon.
- To best take care of your new joint, ask your surgeon about activities and sports that are most appropriate for you to participate in after you recover.

General Guidelines for Post-Op Medication Use

- *The pain medications you have been given are used to reduce your pain and must not be taken more often than prescribed.*
- Follow your 72 hour medication chart for the first 72 hours after surgery. After 72 hours, please refer to the medication dosing box on the back of the chart or the instructions on the medication bottle.
- Take pain medications with food to help avoid stomach upset
- Request for pain medication refills must be made during normal office hours (Mon-Fri, 8am-5pm). Please note doctors have 48 hours to process refill.
 - Pain medications will NOT be ordered or refilled by any on-call doctor during closed office hours
- Do not drive while taking pain medications and until approved by your surgeon
- Do not drink alcohol or use recreational drugs while taking pain medications
- Follow your surgeon's instructions for when to resume your normal medications

Antibiotic Protection Recommendations

Infections:

- Always seek treatment for potential infections such as urinary tract infections, tooth infections, or deep skin infections.
- Routine colds or flu do not usually require antibiotics.

Dental Work:

- Please call your surgeon's office prior to seeing your dentist for the first time after surgery. You may need to take antibiotics prior to visiting the dentist.
- Usually, patients who are diabetic, are undergoing chemotherapy, are on medications that suppress the immune system, or are otherwise immune-compromised should pre-medicate with antibiotics (as prescribed) for all routine dental procedures, including teeth cleaning.
- It is recommended that you do not resume any routine dental work for 90 days after your surgery.

Future Surgeries and Procedures:

- If you need any surgeries or procedures in the future, you should always inform your physician of your joint replacement.

Tricks, Tips, and Precautions

Total Knee, Hip, and Ankle Replacements:

- Stair climbing:
 - “Up with the good [leg], down with the bad [leg].”
 - This means that when using stairs, going up or down a curb, etc., you should go up with your non-surgical leg first, and then bring your operative leg up to the same step. When going down, you should move your operative leg first, and then bring your non-surgical leg down to the same step.

Total Knee and Hip Replacements

- Using the bathroom:
 - To sit down, walk backwards until the backs of your knees are touching the toilet. Let go of your walker/cane and reach back to the toilet seat or a well fixed adjacent grab bar. Hold your surgical leg out so that you do not put any pressure on it, and lower yourself down onto the toilet. DO NOT use your walker to lower yourself down, as it is unstable in that position.
 - To get up, push up from the seat, reaching forward with one hand at a time to your walker. Do not try to use your walker to pull yourself up off of the toilet.
 - Consider using the Handicapped bathroom in public for the first month after surgery. These stalls will have an assist bar to help you off the toilet.
- Showering:
 - If your cane fits into the shower stall, step in with the operative leg first. If you are unable to use the cane, step into the shower stall backwards with your strong leg first.
 - Make sure the tub surfaces are non-skid to decrease your risk of slipping and consider installing grab bars prior to surgery.
- Precautions:
 - Follow your surgeon’s recommendations for how long you should use your cane and/or walker.
 - Do not try to lift or carry things while walking with your walker
 - Do not go to the bathroom at night without using your walker
 - Avoid twisting on your operative leg
 - It is normal to feel tired in the first 2-6 weeks after surgery. Slow down, rest, and do not try to push through.

Total Ankle Replacements:

- Elevation:
 - When resting, your lower leg should be elevated above your heart as much as possible for the first 14 days following surgery
 - Limit the amount of time your foot is down to 10 minutes or less hourly for the first week, you may gradually increase time as swelling decreases
- Walking Guidelines:
 - 0-2 Weeks Post-Op:
 - Non-weight bearing in splint – safely ambulate with knee scooter or crutches
 - Perform ADLs in a modified independent manner or with minimal assistance
 - Wiggle your toes at least every hour to maintain circulation
 - 2-4 Weeks Post-Op:
 - Splint and sutures will be removed at 2 week follow-up appointment, transition to boot but remain non-weight bearing
 - 6 Weeks Post-op:
 - 6 week follow-up appointment, likely to be cleared to weight-bear as tolerated in boot
- Splint Care:
 - Avoid getting any water on or in cast. Moisture softens cast and damp padding can cause irritation.
 - If edges of cast are causing irritation to skin, pad it with soft material such as cotton or foam.

Total Shoulder and Elbow Replacements:

- When getting dressed, put your affected arm into your shirt first
- Ensure you are wearing your sling correctly.
 - Most of your pinky finger should be inside the sling; it should not stick out past the first joint.
 - Do not use the thumb strap (if you were given one) until your nerve block has worn off completely
- It may be most comfortable for you to sleep propped up at first, like in a recliner
- You can remove your sling when you are: showering, changing clothes, doing range of motion exercises, or resting on the couch with arm elevated

An OAM provider is available 24 hours per day 7 days per week: (616) 459-7101

Normal symptoms after surgery:

- 
- Pain controlled with medication
 - Increased swelling with activity
 - Stiffness without activity

You should:

- Continue current dosage and wean from narcotics
- Elevate, rest, and ice your surgical extremity
- Continue moving around as your surgeon allows

Call your surgeon's office if you experience the following:

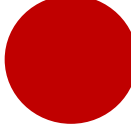
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- Persistent nausea or vomiting
 - Pain related to your surgery not controlled with medications
 - Concerns with your incision (drainage, redness, heat around the incision)
 - Temperature greater than 100.5 degrees
 - Uncontrolled swelling
 - Calf pain
 - A fall or injury to your surgical extremity
 - New or unexplained bruising
 - A dressing saturated with blood (apply pressure, ice, elevate, and call)
 - Surgical extremity becomes white, blue, or cold
 - Unable to urinate after surgery

*Clinical staff may direct you to OAM Now, OAM's Orthopedic Urgent Care

Call your primary care provider (PCP) or go to Urgent Care if you experience the following:

- 
- Colds, cough, flu, sore throat
 - Symptoms of a urinary tract infection: frequency, pain/burning with urination
 - Constipation
 - Rash or skin condition
 - Headache
 - Vertigo (without head injury or signs of stroke)

Go to the Emergency Room if you experience the following:

- 
- Chest pain
 - Shortness of breath
 - Signs of a heart attack or stroke
 - Extreme confusion
 - Loss of consciousness
 - Mental health emergency
 - Severe pain after surgery **IF** you are unable to get a hold of your surgeon's office
 - Loss of bowel or bladder control after spine surgery

Use the emergency room only for life or limb-threatening emergencies.

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PCP visit

- **Average cost:** less than \$160
- **Average wait time:** *appointments as scheduled*
- See your primary care provider with concerns that can wait for an appointment

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Urgent care visit

- **Use OAM Now for urgent orthopedic concerns that can't wait for an office visit**
 - (855) 626-6691
 - Oamnow.com – online appointment scheduling available
 - Walk-ins welcome Monday-Friday 8AM-8PM and Saturday 9AM-5PM
 - 2680 Leonard St. NE, Grand Rapids, MI 49525
 - **Average wait time:** *less than 60-90 minutes*
 - **Cost:** *specialty office visit*
- Use urgent care for urgent concerns that can't wait for a visit with your primary care provider (PCP)
 - **Average cost:** \$165
 - **Average wait time:** *less than 40 minutes*

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ER visit

- **Average cost:** at least \$1,500
- **Average wait time:** *163 minutes, or almost 3 hours*
- Use for life or limb-threatening emergencies

After Your Joint Replacement Day by Day Recommendations

Home: Day of Surgery

- Keep your ACE wrap and/or Optifoam dressing clean and dry
 - The optifoam dressing is waterproof and can get wet
- Put an ice pack on your surgery site for about 40 minutes out of every hour you are awake.
 - Ice 20 minutes on, 20 minutes off
- Take your medications as instructed on the 72 hour medication chart
 - After the 72 hour medication chart is complete, take narcotics as needed
- If you had a total/partial knee replacement, your leg muscles will be weak from the nerve block for about 24 hours. Remember to always use your walker to avoid an accidental fall.
- Eating and drinking after surgery:
 - It is normal not to feel as hungry as usual after surgery.
 - It can be helpful to start with bland foods like crackers and move on to eating more flavorful foods as your body allows.
 - Eating high fiber foods, like fresh fruits and vegetables, and drinking plenty of water will help prevent constipation.
- If you had a knee or ankle replacement, elevate your operative leg with your foot higher than your heart (keeping your knee straight) at least three times a day for at least an hour at a time.
- Get plenty of rest; plan to be on your feet no more than 5-10 minutes every hour while you are awake.
- Perform ankle pumps (like you are pushing on a gas pedal) every hour and wear your anti-embolism stockings (TEDs) as much as you can for the first two weeks.

Day One: The Day after Surgery

- Follow the same instructions as you did on the day of surgery
- Bowel management
 - Take an over-the-counter stool softener two times a day as long as you are regularly taking your narcotic pain medication.
 - Narcotics are known to cause constipation.
 - If your stools become too loose, hold stool softener
 - Senna S (peri-colace) is a great choice. Other options include Miralax or milk of magnesia.
- Begin your physical therapy exercises as instructed by your physical therapist or surgeon

Day Two

- Follow the same instructions you did on day one.
- Today will be the last day of your 72 hour medication chart. Tomorrow you will take your medication as directed on the bottle – these directions can also be found on the back of your medication chart.
- You may take a shower today. Your bandage is waterproof and will remain dry.
 - If bandage does become saturated, remove it and replace it with sterile and dry gauze using paper tape to hold it in place

Day Three

- Continue with same recommendations from day two
- Begin taking pain medications as needed
 - Begin stretching the time in-between doses as you are able

Day 4-7

- Continue physical therapy exercises three times a day as tolerated
- Continue with activity restrictions
 - If you are struggling with pain control, reduce the amount of walking and/or standing you are doing
- Continue elevating your operative leg (if you had a knee or hip replacement)
- Continue putting ice over your incision, rotating 20 minutes on and 20 minutes off
- Follow your surgeon's instructions for when you can remove your bandage. If removed:
 - Do not scrub incision
 - Do not pick at scabs on incision
 - Do not apply soap, lotions, creams, or ointments to the incision

Day 8-13

- Continue with everything as listed above
- You will be seen in the office for your post-op follow-up visit approximately two weeks after surgery for the following:
 - Obtain X-Rays
 - Remove bandage and check incision
 - Test your range of motion
 - Discuss functional expectations and continued restrictions

Two Weeks+ Post-Operative

- Although you may feel that you are doing well at this point, it is extremely important to be seen in the office for your recommended follow-up appointments. These will occur four to six weeks, three months, and one year after surgery
- Continue the following for six weeks post-op:
 - Aspirin 81mg twice daily
 - Ice and elevate your surgical extremity
 - Home stretches and exercises as directed by your physical therapist

Important OAM Phone Numbers

Joint Replacement Nurse Navigator (616) 459-7101 x5121

- Call to speak directly to Grace, the total joint nurse navigator for OAM Surgery Center at Midtowne, about any needs during the first week of recovery.

Registered Nurse/Medical Assistant (616) 459-7101

- Any non-urgent medical questions regarding your surgery
- Surgery scheduling
- Medication requests and refills
- Lab results
- Off work slips
- Handicap parking permit
- Physical Therapy questions and prescription

Scheduling Secretary (616) 459-7101

- Office appointments
 - Schedule, reschedule, cancel, or confirm appointments

Document Services (616) 459-7101 x1880

- Disability forms and FMLA form completion
- Copies of medical records

Precertification or Authorization:

- Cost estimates *prior* to surgery
 - OAM: (616) 459-4296
 - Surgery Center: (616) 552-5029
 - Anesthesia: (616) 364-4200
- Precertification or authorization confirmation for your surgery
 - (616) 459-4296

Billing Department

You may call OAM at (616) 459-4296 or the Surgery Center at (616)552-5000

- Payment options
- Insurance problems or concerns
- Billing questions *after* surgery
- Copies of your bill



John Anderson, MD



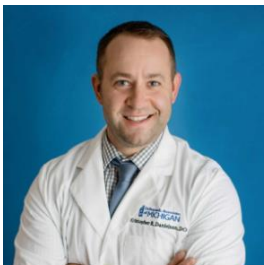
Donald Bohay MD, FACS



Marshall Boose, DO



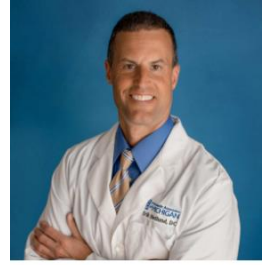
Scott Burgess, MD



Kristopher Danielson, DO



P. Cameron Gossett, MD



Erik Hedlund, DO



Michael Jabara, MD



Kory Johnson, DO



Thomas Malvitz, MD



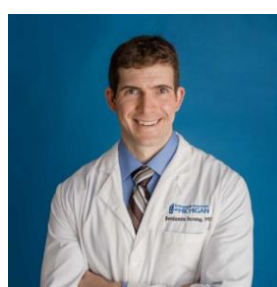
John Maskill, MD



Thomas Matelic, MD



Stephen O'Neil, DO



Benjamin Strong, MD



Peter Theut, MD