

OAM Surgery Center – Spine Surgery Packet

Location: OAM Surgery Center at MidTowne
555 Midtowne, Suite 200, Grand Rapids

Welcome

This packet provides important information to help you prepare for surgery, understand what to expect on the day of surgery, and recover safely at home. **Read it carefully before your surgery** and keep it for reference.

If you do not feel prepared for outpatient surgery and the requirement for same day discharge, or if your spine symptoms improve or resolve prior to surgery, please reach out to your surgeon ahead of your surgery date.

Please note that you will receive a medical questionnaire on or before surgery and again 90 days, one year, and two years after your surgery. Please take the time to complete this questionnaire; it will help your surgeon to:

- Track the progress you have made in your recovery
 - See how your health has improved since your surgery
 - Help identify any symptoms you are still struggling with.
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Preparing for Surgery

Required Pre-Surgery Steps

- Once you are scheduled, you will receive a text with a secure link from **HST Pathways** for your pre-operative health screening.
- Complete this online health survey **as soon as you receive the texted link** to avoid delays or cancellation.
 - This includes information such as your medical history, allergies, current medications, past surgeries and anesthesia concerns.
- A nurse will email you your spine class video. Watching it is a **requirement** for surgery.
- A nurse will contact you before surgery to discuss your health history and medications.
- If we cannot reach you within **48 hours** of surgery, your procedure may be rescheduled.
- Surgery Center phone number: **616-552-5100** (this number may appear as spam).
- If your surgeon asked you to get a neck brace, OAM has a DME department at their Leffingwell location (1111 Leffingwell NE, Grand Rapids, MI). No appointment is necessary.
 - Bring your neck brace on your day of surgery.
- Quit smoking at least 6 weeks prior to surgery to help decrease your risk for infection and improve your body's ability to heal.
- Any questions you have regarding FMLA, physical therapy, or surgical clearance should be directed to your surgeon's office at 616-459-7101. Also see "Important OAM Phone Numbers" near the end of your packet.

Eating, Drinking, and Anesthesia

- **General anesthesia:** It is critical that you follow the anesthesia guidelines below. The purpose is to decrease your risk of vomiting during and after anesthesia to prevent aspiration and pneumonia. If you do not follow instructions, it may be necessary to delay or cancel your surgery.
 - Do not eat after midnight.
 - You may drink water and black coffee up to **6 hours** before arrival.
 - Do not smoke/vape or use tobacco after midnight.
 - You may brush your teeth.
 - **Unless you have insulin-dependent diabetes, you will be asked to drink a carbohydrate rich drink two (2) hours prior to your arrival time. This drink may be Ensure Pre-Surgery Clear (preferred) or 12 ounces (measure out one and a half cups) of 100% white grape or apple juice with no added sugar.**
 - This has been shown to help reduce hunger, thirst, and anxiety, and improve blood sugar control after surgery.
 - Improving blood sugar control decreases your risk for infection and improves wound healing, among other benefits.
 - You will not be asked to do this if you are diabetic and take insulin due to the risk of increased blood sugar
 - You may take medications as instructed with a small sip of water first thing in the morning.

Medication Instructions

- Stop NSAIDs 7 days before surgery (Ibuprofen, Naproxen, Meloxicam, Voltaren, non-prescribed Aspirin).
 - You may take Tylenol
- Stop vitamins and supplements 7 days before surgery.
- Weight loss/diabetes medications (Ozempic, Wegovy, Mounjaro, Trulicity, etc.):
 - Weekly injections: stop 7 days prior
 - Daily medications: do not take the day of surgery
 - Phentermine: stop 7 days prior
- You will need to ask your prescribing provider for pre surgery instructions if you take:
 - Blood thinners or prescribed aspirin
 - Insulin
 - Immunosuppressant medications
 - Suboxone, Butrans, or similar medications

Pre-Operative Testing

- Complete all required labs, EKG, or testing promptly.
- For your safety, additional testing and/or clearances may be required after an anesthesiologist evaluates your medical history.
- Surgery may be postponed if results are not available.

Help Prevent Potential Complications

- Stop smoking as soon as surgery is scheduled.
- Infection Prevention

- Prior to surgery:
 - Let your surgeon know if you have had MRSA within the past year.
 - Treat any known infections (dental, skin, etc.) and let your surgeon's office know of them prior to surgery
 - Notify your surgeon immediately if you develop any signs or symptoms of illness before surgery, including fever, sore throat, cough, congestion or have any open sores or wound/skin issues.
 - Do not shave the surgical area for 7 days before surgery.
 - Shower the night before and the morning of surgery using clean towels and clothing. Use clean sheets the night before surgery.
 - You may be asked to use Hibiclens (Chlorhexidine) prior to your surgery:
 - a. Rinse body with warm water
 - b. Wash hair with shampoo then rinse with water
 - c. Turn off water and apply Hibiclens soap to a wet wash cloth
 - d. Firmly massage all areas of your body except for your face/head and your genital (private) area.
 - i. Clean between your fingers and toes
 - ii. Pay attention to your surgery site and surrounding areas
 - iii. Clean your buttocks last
 - e. Repeat step "d"
 - f. Turn on water. Lightly rinse your body.
 - g. Dry off with a clean towel.
 - h. Wear clean clothes and use clean bed linens.
- After Surgery
 - Do not allow pets in your bed until your incision is completely healed
 - Wash your hands often and ask everyone coming into your home to do the same
 - Wait the recommended time to see your dentist; follow your surgeon's recommendations
 - If implants were placed during your surgery, wait 90 days to see your dentist
 - If no implants were placed during your surgery, wait 6 weeks to see your dentist
 - You may be asked to take a prophylactic antibiotic prior to that appointment
 - Follow your surgeon's recommendations about caring for your incision
 - Continue to eat a healthy diet and get plenty of rest.
 - Do your best to avoid exposure to illness.
- Preventing Blood Clots
 - Use compression stockings (TEDs) if instructed, following your surgeon's recommendations.
 - Get up and walk every hour that you are awake.
 - Limit long car rides
 - **IF INSTRUCTED** to take aspirin or another blood thinner, follow your physician's instructions for administration.
- Preventing Pneumonia

- Cough and deep breathe - 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.
 - **Diabetes and Healing**
 - Blood sugar control is important for healing.
 - For diabetics, an A1C under 7% is recommended for optimal healing.
 - **Stroke and heart attack** are potential risks with all major surgeries and anesthesia. Work with your primary care physician to ensure your medical conditions are well managed prior to surgery to help prevent these and other complications.
 - **Hematoma**
 - **ACDF:**
 - Call 911 immediately with any breathing difficulties
 - Contact the office immediately if you experience any difficulty swallowing
 - **Laminectomy:** contact the office immediately with any changes in bowel or bladder function (going to the bathroom) or weakness that is new or worsening after surgery.
 - Please discuss all questions and concerns with your surgeon or your anesthesiologist
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Day of Surgery

Arrival

- Arrival time will be provided the afternoon of the business day before surgery. Expect your arrival time to be received as a text message unless otherwise requested.
- Your arrival time will be **1–3 hours prior to the start of your procedure**, depending on what you are having done.
- Park on **Level B** of the parking ramp.
- Be prepared to spend several hours at the Surgery Center
 - We appreciate your patience with any delays that may occur. We ensure each patient gets the care that they need and at times that will take longer than anticipated. We will update you as much as we are able.
- For your responsible adult/driver - there is not a café onsite; vending machines and local restaurant delivery are available.
- You will meet with your surgeon and anesthesiologist prior to surgery.
- Your surgeon will meet with your responsible adult after your surgery; because you won't see your surgeon after your procedure, ensure all questions are answered before your surgery.

What to Bring

- Photo ID and insurance card
 - We participate with most major insurance carriers and will file claims on your behalf.
- Payment if required (you will be made aware of this prior to your surgery)
 - All deductibles and copays are expected at the time of service unless other arrangements have been made. We accept VISA, MasterCard, Discover, and American Express
 - Facility charges **do not include fees for your Surgeon, Anesthesia provider, or other**

ancillary services. These groups will bill you separately.

- Advance Directives - An Advance Directive (such as a Living Will or Durable Power of Attorney for Health Care) provides written instructions for medical treatment if you become unable to communicate.
 - **Bring a Copy:** If you have one, please bring a copy on the day of your procedure to be placed on file.
 - If you would like more information about creating an Advance Directive, our team will be happy to assist you.
- Glasses/hearing aids (bring a case if you wear contacts)
- Neck brace if ordered by your surgeon.

What to Wear

- Loose, comfortable clothing
- Remove jewelry and leave valuables at home.

What to Expect

- Registration will review your billing and registration information.
- A nurse will bring you back to prepare you for surgery. You will change into a gown, review your health history and medications, confirm your procedure, and meet with your surgeon as well as your anesthesia provider. An IV will be started.
 - You will not speak with your surgeon again until your post-op appointment, but the surgeon will update your responsible adult after surgery.
- An operating room nurse will remain with you throughout your surgery.
- Spine surgeries often take between 1-3 hours. You will then need some time to recover from anesthesia before your visitor can be with you. The amount of time needed is different for everyone, but our nurses will take great care of you.
- Most patients wake up unaware that their surgery is all done. You will be cared for and monitored by a nurse in the recovery room as you wake.

Accompanying Adult

- A responsible adult (18+) must be present at time of discharge and drive you home.
- We request no more than two adult guests (18 or older) be present.
- Someone over the age of 18 must stay with you for **72 hours after surgery**
- Let us know before your surgery date if your responsible adult requires special accommodations or if they are unable to physically care for you after surgery.
- Your responsible adult may be asked to assist you in your vehicle.
 - Consider using a vehicle that will be easy for you to get into after your surgery.

After Surgery & Recovery

- It's common not to remember much of your stay after surgery. Patients sometimes feel their recovery was rushed, but this is often due to limited memory of your time spent in the recovery

room.

- 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:
 - 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\
 - You are able to walk safely
 - You can expect to walk to the restroom and back to your patient bay within 1-3 hours of surgery
 - Early ambulation has many benefits:
 - Improves muscle tone and strength
 - Improves blood flow and oxygen level
 - Promotes wound healing
 - Helps prevent blood clots, urinary retention, readmissions, and other potential complications
 - You and your visitor have no further questions about your discharge instructions after we have gone over them, and you feel confident about going home
- Once you are medically ready for discharge, our team will encourage you to head home where you will be most comfortable. Discharge instructions will be reviewed and given to you to take home.

Pain and Nausea

- **You can expect some pain after surgery**, but we will help you manage your pain to a tolerable level
- We will use different types of medications throughout your stay to help achieve this.
- Pre-op: non-opioid oral medications shown to help decrease pain and the need for narcotics after surgery
- Intra-op: local anesthesia to help numb the area you are having surgery on
- Post-op: IV and/or oral pain medications if needed
- After discharge
 - The goal of pain management is for you to be able to do activities of daily living like eat, sleep, breathe deeply, and walk.
 - Once you get home, we recommend using ice, short walks, 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 your opioid pain medications as your pain starts to decrease.
 - You can take over-the-counter pain medications instead of opioids.
 - Do not take Tylenol with Norco or Percocet, as they already contain Tylenol
 - Do not exceed 3,000 mg of Tylenol per day.
 - Follow your surgeon's instructions regarding NSAIDs (ibuprofen, naproxen, etc.)

- Drink fluids and eat bland foods if nauseated.
 - Narcotics can cause constipation; consider an over-the-counter stool softener, such as Senna S. Increase your water intake as well.
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At Home

- Someone from OAM will call you the business day after surgery to answer any questions and discuss any concerns you may have.
 - Follow the discharge instructions and activity restrictions provided by your surgeon.
 - If you had a fusion, DO NOT take any NSAIDs (ibuprofen (Motrin), naproxen (Aleve), etc.) except for those prescribed by your surgeon.
 - Walk (even a short distance) every hour you are awake, starting when you get home from surgery.
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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.***
 - 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).
 - Allow 24-48 hours for all refills; request your refill before you run out of medication
 - 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 while taking pain medications
 - Follow your surgeon's instructions for when to resume your normal medications after surgery.
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Handwashing

- Always wash your hands before and after touching your dressing and/or incision
 - You may use hand sanitizer if your hands do not look dirty.
 - After applying hand sanitizer, scrub hands together until dry
 - Wash with soap and water when hands are visibly dirty, or if that is your preference
 - Make sure to wash your hands for at least 20 seconds to get them sufficiently clean
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Incision Care

DO:

- Remove your dressing as instructed by your surgeon on your discharge instructions.
 - If your dressing falls off before your surgeon recommends taking it off, wash your hands and apply a new, clean dressing of gauze and medical tape. Notify your surgeon's office.
 - If your dressing becomes saturated, wash your hands and add gauze on top of your dressing. Secure it with medical tape. Call your surgeon's office for further instructions.

- If you need to change your dressing because your surgeon asked you to, wash your hands and remove the old dressing. Wash them again and apply a new, clean dressing as advised.
- Call your surgeon's office if you have any concerns about infection

Do NOT:

- Get your incision wet until instructed on your discharge instructions.
- Soak your incision (like in a bath, pool, or hot tub) until your surgeon says it is ok to do so.
- Use any ointments or creams over your incision, including antibacterial ointments like Neosporin
- Let your pets get near your incision, or let them lick your incision.
- Let your pets sleep in your bed until your incision is fully healed.

Mobility Tips

- **Getting into bed**
 - Sit on bed
 - Lay down on your side as you pick your feet up and lay down.
 - Sleep with a pillow between your knees if on side or under your knees if on back
 - **Getting out of bed**
 - Roll to your side
 - Swing legs off bed and push yourself up
 - **Sitting down on a chair:**
 - Make sure your legs are touching your chair
 - Reach back for the arm rests
 - Sit Down
 - Keeping feet shoulder width apart helps with balance and control
 - **Standing up from a chair**
 - Bring feet back slightly and shoulder width apart
 - Use arms on chairs to help push yourself up
 - **Stairs**
 - Use these tips if you have weakness, numbness, or pain in one of your legs
 - Go up stairs with your "good" leg first
 - Go down stairs with your "bad" leg first.
 - Remember, "Up with the good, down with the bad."
 - **Getting into a car**
 - Sit down
 - Swing legs in as a unit, keeping your back straight.
 - **Getting out of a car**
 - Turn to the side to bring legs out first
 - Stand up, keeping your back straight
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Activity Restrictions

- **Avoid the following for 6 weeks:**
 - Bending
 - Lifting more than 10 pounds
 - Twisting
 - Pushing and pulling
 - Prolonged sitting – standing or lying is preferred
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Exercise

- **Exercise helps with:**
 - Regaining mobility of the spine
 - Rebuilding strength and endurance
 - Improving physical and mental health
 - It can also help decrease your level of disability, especially for people with a degenerative spine condition
 - **Exercise tips**
 - Walking is the best exercise you can do during your recovery
 - Choose flat surfaces to walk on
 - Work up to walking an hour a day
 - Start with short frequent walks
 - Start with the amount of walking you are comfortable with and add 10 minutes per week until you meet the goal of 60 minutes per day
 - Remember to start slowly if you have not been physically active in a while; 10 minutes a day is a great start.
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Surgical Drain Care at Home

If you are sent home with a surgical drain, please read and follow these instructions.

Education

- Surgical drains help remove extra fluid that would otherwise build up in a surgical site after surgery
- Your drain uses suction to pull drainage away. It is important to flatten your drain periodically to keep the suction steady.
- Empty your drain at least twice a day (morning and evening) and record how much you emptied.
- Drainage is usually bright red and a little thicker than water right after surgery. It turns yellow or pink and thins as time goes by.
- Your surgeon's office will contact you to schedule drain removal.
 - Drains are usually removed 1-3 days after surgery.

How to empty your drain

1. Get a measuring cup that you can empty the drainage into

2. Wash your hands
3. Hold the tube near where it goes into your body with one hand. With the other hand, gently squeeze the tube and slide your fingers down to the drain. This is called stripping the tube and will clear any drainage, clots, or tissue from the tube.
 - a. Do not pull on the tube
 - b. You may need to strip the tube several times per day to keep it clear.
4. Open the bulb cap/drain plug. Do not touch the inside of it.
5. Empty drainage into measuring cup.
6. Compress the drain by squeezing it firmly and re-cap it while it is compressed.
7. Note how much drainage is in the measuring cup before flushing the drainage down the toilet
8. Wash your hands
9. Record the amount of drainage and what it looked like (color, thickness)

Contact your surgeon's office if:

- You notice more redness, swelling, or pain around your drain
- The amount of drainage begins increasing instead of decreasing, or there is a sudden stop in drainage
- You notice pus or a bad smell coming from your drain area
- You have a fever
- Your drainage becomes cloudy or essentially clear
- Your tube falls out
- Your active drain does not stay compressed after you empty it

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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:

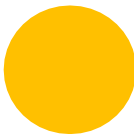
- Continue current dosage and wean from narcotics
- Elevate, rest, and ice your surgical extremity
- Continue moving around as your surgeon allows



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

- 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 go OAM NOW, OAM's Orthopedic Urgent Care for evaluation*



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
- Life or limb-threatening emergencies.
- Shortness of breath or difficulty breathing
- 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 primary care 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 60-90 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

Patient Rights and Responsibilities

Every patient has the right to:

- Be treated with respect, consideration, and dignity, regardless of race, color, nationality, creed, sex, religion, disability or source of payment for care.
- Every consideration of his/her privacy concerning his/her medical care and treatment. Those not directly involved in his/her care must have the permission of the patient to be present.
- Expect that all communication and records pertaining to his/ her care will be treated as confidential. Patients are given the opportunity to approve or refuse their release, except when release is required by law.
- Obtain from his/her physician, complete information concerning his/her diagnosis, evaluation, treatment and prognosis, in terms that you can understand. When it is medically inadvisable to give such information to the patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- Participate in decisions concerning their health care and treatment, except when participation is a medical contraindication due to medical reasons.
- Refuse to participate in experimental research.
- Change their provider if another qualified provider is available.
- Be free from all forms of abuse or harassment.
- Be fully informed about a treatment or procedure and the expected outcome, before it is performed.
- Voice complaints and grievances without discrimination or reprisal and to have those complaints and grievances addressed.
- Refuse care and treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
- Expect that within its capacity this accredited ambulatory surgery facility must provide

evaluation, service and/ or referral as indicated by the urgency of the case.

- Examine and receive an explanation of his/her bill regardless of the source of payment.
- Formulate an Advance Directive and expect the surgery center to honor the intent of your directives to the extent permitted by law and facility policy.
- Obtain a copy of his/her complete medical record by completing a medical records request form at the Center or calling 616-552-5000 to obtain one.

Every patient is responsible for:

- Providing accurate/complete information related to their health condition, medications, including over the counter products and dietary supplements, allergies, sensitivities, and past illnesses and hospitalizations.
- Making their healthcare provider aware if they do not understand the proposed treatment or expectations of them.
- Following the treatment plan prescribed by his/her provider.
- Informing the provider about any living will, medical power of attorney, or other directive that could affect his/ her care.
- Keeping appointments or, when unable to do so, for notifying the surgery center and physician.
- Promptly fulfilling his/her financial obligations to the surgery center.
- Being respectful and considerate of other patients and the personnel of this surgery center, and following the facilities' rules and regulations.
- Providing feedback, suggestions and comments and/or complaints to help the surgery center improve our services.
- Having a responsible adult accompany them to OAM Surgery Center at MidTowne and assume responsibility for them for 24 hours following the surgery.

Grievances

We sincerely hope we meet your expectations. If you have concerns, please call (616) 552-5000 to speak to the Administrator. If your concerns regarding safety or quality of care are not addressed, you may contact:

- Department of Human Services: PO Box 30037, Lansing, MI 48909 | Phone: 517-373-2035 www.michigan.gov/dhs
- Patients who are Medicare beneficiaries may receive additional help from the Medicare Beneficiary Ombudsman: 800-MEDICARE (800-633-4227) www.medicare.gov

Physician Ownership Disclosure

The following Physicians hold Ownership Interest in the OAM Surgery Center at MidTowne:

John G. Anderson, M.D.
Donald R. Bohay, M.D.
Marshall A. Boose, D.O.
J. Todd Brown, D. O.
Scott D. Burgess, M.D.
Kristopher R. Danielson, D.O.
Viet H. Do, M.D.
Kenneth J. Easton, M.D.
James R. Ellis, M.D.
Terrence J. Endres, M.D.
Jamie E. Furness, M.D.
Leland E. Gossett, M.D.

Paull C. Gossett, M.D.
Erik C. Hedlund, D.O.
Michael R.F. Jabara, M.D.
Kory J. Johnson, D.O.
Kenneth M. Kozlow, M.D.
James J. Lee, M.D.
Thomas A. Malvitz, M.D.
Thomas M. Matelic, M.D.
Stephan R. O'Neil D.O.
Randolph B. Russo, M.D.
Benjamin M. Strong, M.D.
James R. Stubbart, M.D.
Peter C. Theut, M.D.

Important OAM Phone Numbers

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 or prescription
 - Dr. Kozlow: 2507
 - Dr. Easton: 1834
 - Dr. Stubbart: 1302
 - Dr. Brown: 1599

Billing Department – OAM (616) 459-4296 or Surgery Center (616) 552-5000

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

Scheduling Secretary - (616) 459-7101

- Dr. Brown & Easton x1824
- Dr. Kozlow & Stubbart x1835
- Office appointments
 - Schedule, reschedule, cancel, or confirm appointments

Document Services - (616) 459-7101 x1880

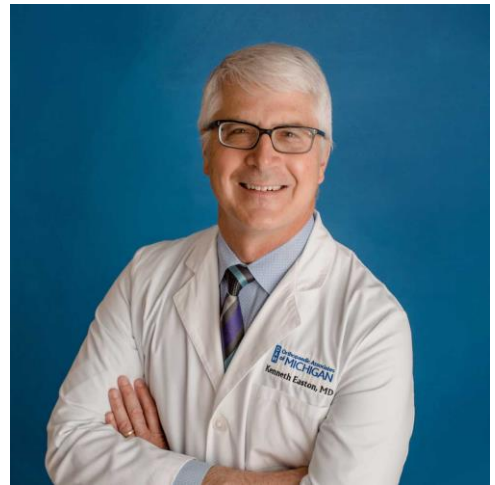
- Disability forms and FMLA form completion
- Copies of medical records

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) 459-429



Todd Brown, DO



Kenneth Easton, MD



Kenneth Kozlow, MD



James Stubbart, MD