



DOING WHAT'S BEST.®



PATIENT GUIDE

1900 Columbus Avenue, Bay City, MI 48708
(989) 894-3000 www.mclaren.org/bayregion

FEBRUARY 2021 | FORM #AD-342

TABLE OF CONTENTS

WELCOME	4
TELEPHONE DIRECTORY	5
PATIENT & VISITOR INFORMATION	6
YOUR CARE TEAM	7
YOUR ROOM	7
CALLING YOUR NURSE	7
ATM	7
CAFETERIA	7
CELL PHONE CAUTION	7
CONDITION H	8
ELECTRICAL APPLIANCES	8
EMPLOYEE ID	8
FALL PREVENTION EDUCATION	8
FIRE SAFETY	10
FLOWERS AND MAIL	10
GIFT SHOP	10
INTERPRETER SERVICES	10
PARKING	10
PASTORAL CARE AND CHAPEL	10
PATIENT IDENTIFICATION	11
PATIENT MEALS	11
PIN	12
PRESCRIPTION BEDSIDE DELIVERY PROGRAM (WALGREENS)	12
PUBLIC RESTROOMS	12
QUIET ENVIRONMENT	13
SMOKING	13
TDD FOR THE HEARING IMPAIRED	13
TELEPHONE	13
TELEVISION	13





VALUABLES	13
VISITING HOURS	14
VISITOR LOUNGES	15
VOLUNTEERS	15
WIRELESS INTERNET SERVICE	15
PATIENT SAFETY	16
DISCHARGE PROCESS	18
BILLING	20
WHAT A HOSPITAL COVERS	20
COORDINATION OF BENEFITS (COB).....	20
MEDICARE.....	20
FINANCIAL ASSISTANCE.....	21
MEDICAID	21
COMMERCIAL INSURANCE	21
INPATIENT VS. OUTPATIENT VS. OBSERVATION STAYS	21
POST-HOSPITAL CARE	22
PATIENT INFORMATION	24
ADVANCE DIRECTIVES	24
RIGHTS & RESPONSIBILITIES.....	24
PATIENT NOTES	30
SERVICE LOCATION MAP	34



WELCOME!

Thank you for entrusting your care to McLaren Bay Region. We will do whatever we can to make your stay a healing experience. This Patient Guide contains most of what you will need to know about your stay. If you have additional

questions, please ask. We want to keep you well-informed during your stay.

Your healthcare is our priority. To determine where improvements are needed, McLaren Bay Region takes part in the HCAHPS (Hospital Consumer Assessment of Hospital Providers and Systems) survey. The HCAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S. After you are released from the hospital, you may be selected to participate in the HCAHPS survey. Please take the time to participate in the HCAHPS survey; your feedback is valuable!

From the physicians, staff and volunteers of McLaren Bay Region, our best wishes for a positive experience and a healthy recovery.

Yours truly,

Clarence Sevillian
President/CEO, McLaren Bay Region

OUR MISSION

McLaren Health Care, through its subsidiaries, will be the best value in healthcare as defined by quality outcomes and cost.

OUR VALUES

We are committed to excellence in patient care and will strive for innovation and continuous improvement in our services and facilities. We will promote teamwork, ongoing training and education, and encourage personal freedom and growth. Leadership and excellence in performance are sought and rewarded. Each person is unique, is to be valued, and will be treated with dignity and respect. Our conduct reflects a commitment to excellence in our relationships with physicians, employees, purchasers, vendors and the public. We are committed to improving the health status of our community through provision of health education, health promotion, early disease detection and intervention services.

TELEPHONE DIRECTORY

MAIN NUMBER.....	(989) 894-3000
AMBULANCE/EMS.....	9-1-1
ADMITTING.....	(989) 894-6515
BEHAVIORAL HEALTH SERVICES.....	(989) 894-3911
BILLING.....	(989) 894-3820
CENTER FOR REHABILITATION.....	(989) 667-6600
CENTRAL SCHEDULING.....	(989) 667-6303
CHILDBIRTH EDUCATION PROGRAMS.....	(989) 894-3935
DIABETES EDUCATION.....	(989) 894-9528
DIAGNOSTIC IMAGING/RADIOLOGY.....	(989) 894-3080
DISCHARGE PLANNING.....	(989) 894-3180
EMERGENCY DEPARTMENT.....	(989) 894-3111
GIFT SHOP.....	(989) 894-3198
INPATIENT REHABILITATION UNIT.....	(989) 667-6898
McLAREN BAY SPECIAL CARE (LONG TERM ACUTE CARE) ..	(989) 667-6810
McLAREN HOMECARE GROUP.....	(866) 323-5974
MEDICAL RECORDS.....	(989) 894-3873
PAIN MANAGEMENT CENTER.....	(989) 667-3350
PASTORAL CARE/CHAPLAIN.....	(989) 894-6055
PATIENT EXPERIENCE DIRECTOR.....	(989) 894-3828
PATIENT INFORMATION.....	(989) 894-3333
PATIENT MENU ASSISTANCE.....	(989) 894-3188
PHYSICIAN REFERRAL.....	(877) 411-2762*
PRE-CERTIFICATION.....	(989) 667-6375
PRE-REGISTRATION.....	(989) 667-6326
SECURITY AND LOST & FOUND.....	(989) 894-3762
WALGREENS BEDSIDE DELIVERY.....	(989) 391-3139

CALLING A DEPARTMENT WITHIN THE HOSPITAL?

Dial the last five digits of the number.

*Please dial direct to the toll-free number.



PATIENT & VISITOR INFORMATION

YOUR CARE TEAM

In addition to your personal physician and consulting physician, nurses, therapists and other hospital staff, you may receive care from a hospitalist, a physician who specializes in caring for patients while they are hospitalized. If you have any questions about your care, please ask your personal physician or nurse for further information.

YOUR ROOM

Your hospital bed is probably quite different from your bed at home. Each bed is equipped with a call button connected to the nursing station. You will be provided with instructions on how to use the nurse call device, which also controls your television. When you press the nurse call button, someone will respond as quickly as possible. Because your bed is higher and narrower than your bed at home, it is important for you to be especially careful. Please do not attempt to get into or out of bed without assistance unless your physician or nurse has given you permission. You may lose your balance, particularly if you are medicated or sedated in any way. Please wear non-skid socks when not in bed, and if the lights are out, ask for assistance before getting out of bed.

CALLING YOUR NURSE

A button to call your nurse is located at your bedside. A nurse or nurse aide will answer your call as soon as possible.

ATM

For your convenience, an automated teller machine (ATM) is located on the first floor, next to the visitor elevators.

CAFETERIA *(HOURS MAY BE AFFECTED BY COVID-19)*

Visitors are welcome in the cafeteria, located on the first floor next to the information desk in the main patient tower. Many food and drink choices are available. The cafeteria is open from 6:30 a.m. – 6:30 p.m. but closed from 10:00 – 10:30 a.m. and 2:30 – 3:00 p.m. Vending machines offering beverages and snacks are located within the cafeteria and always are available.

CELL PHONE CAUTION

Cell phones may pose an infection risk. Avoid placing your phone where it would be exposed to body fluids and practice good hand washing. Also take extra precautions to prevent losing your phone, a common problem during hospitalization. Patients and visitors may use cell phones in non-restricted areas. Signs indicating restricted areas are posted throughout the hospital. Hospital policy does not allow using a cell phone or other device to take photos, video recordings or audio recordings without first asking permission from your caregiver (Nurse, Therapist, Physician).

CONDITION H

Condition H is a safety initiative for patients and their families. It provides a method to get assistance in emergent situations, when they feel they are not receiving the care and attention needed for a noted change in the patient's condition.

When to call:

- A serious change in the patient's condition that family/visitors feel is not being addressed
- If you have serious concerns about how care is being managed or planned
- In an emergent situation, a noted change in patient condition that is not being addressed or recognized.

To activate a Condition H, dial 46900 from inside the hospital, or 989-894-6900 from an outside line. The Condition H will be active, and a team of medical professionals (nurse manager, nursing supervisor and/or patient representative) are alerted and will arrive to assist and support the situation.

ELECTRICAL APPLIANCES

For safety reasons, electrical items from home, such as televisions, radios, digital players and hairdryers, cannot be permitted.

EMPLOYEE ID

All hospital employees wear identification badges. Feel free to ask any staff member for his or her name and job classification. If you do not see an ID badge on an employee, please call your nurse immediately.

FALL PREVENTION EDUCATION

McLaren Bay Region assesses all patients regarding their risk for falling, and safety measures are put in place to keep our patients safe. Such safety measures include wearing non-slip socks, using assistive devices when ambulating, and requesting assistance before getting up from the bed or chair. Patients who are taking certain medications, who have an IV, or who have been in bed for a long period are at higher risk for falling.

Falls can cause bone fractures or other significant injuries that can impair function and possibly increase the length of stay in the hospital. Always ask your nurse for assistance when needed to decrease your risk of falling.

SAFETY MEASURES:

- Use the call light to ask for assistance before getting out of bed. Staff is here to assist you with getting in and out of bed. Please do not get out of bed without assistance.
- Blood pressure drops when standing up too quickly, and may cause you to fall. After lying down or bending over for a period of time, wait a few minutes before standing. Avoid quick, sudden movements and change positions slowly and carefully to reduce your risk for falling.
- Some medications may cause you to feel dizzy or light-headed. It is important that you know about the medications you are taking and communicate with your physician or nurse if you experience these symptoms. Any time you feel dizzy, weak or light-headed, communicate with your nurse and ask for assistance.
- **ALWAYS** tell your nurse or physician if you have fallen recently. Frequent falls may indicate other health problems that need to be addressed and evaluated.

It is very important that you understand these safety measures and communicate openly with your physician/nurse about how you are feeling. Ask your nurse what puts you at risk for falling.



FIRE SAFETY

We periodically conduct fire drills. If you hear an alarm, stay where you are. In the event of an actual emergency, hospital staff will notify you. The hospital is fire resistant, and our employees are well-trained in safety procedures.

FLOWERS & MAIL

Hospital volunteers deliver flowers and mail directly to your room. Mail received after you are discharged will be forwarded to your home address.

GIFT SHOP *(HOURS MAY BE AFFECTED BY COVID-19)*

Gift shops are operated by the hospital auxiliary on the first floor of the Main Campus. The proceeds from the gift shop are donated back to the hospital to assist with the needs of our patients. Cash, check and credit cards are accepted.

HOURS: Monday through Friday: 9:00 a.m. – 6:00 p.m.
Saturday & Sunday: 11:00 a.m. – 3:00 p.m.

INTERPRETER SERVICES

Interpreter services are available at no charge. If you require a sign language interpreter or foreign language translator, please contact our Admitting Office at (989) 894-3930. All sign language interpreters are certified, and we have access to translators for over 200 languages.

Si Ud. necesita los servicios de un traductor favor de informarlo a la oficina de admisiones. Hay disponible interpretes de espanol, lenguaje por senas y otros muchos idiomas.

PARKING

Patient and visitor lots are located immediately to the west and south of the Main Campus. Please follow parking signs located throughout the campus. At West Campus, parking is available to the north and east of the building. Please extinguish all smoking materials before exiting your vehicle.

PASTORAL CARE & CHAPEL

McLaren Bay Region has volunteer clergy available to all patients and their families. Please call the Clergy Office at ext. 46055 to request these services. If you have indicated upon admission that you want your parish clergy contacted, the hospital will do that for you. The hospital chapel is located on the fifth floor across from the visitor elevators. It is open at all times.



PATIENT IDENTIFICATION

Any time staff members enter your room to administer medications, transport you or perform procedures and treatments, they must check your birth date and name before they proceed. At times, you may be asked the same questions repeatedly. We are aware that this may be annoying. Please understand, however, that this verification process is a critical component in our patient safety program in order to guarantee that all of our patients receive the correct medications and treatments.

PATIENT MEALS

Your diet is very important to your recovery and overall health. Many patients are placed on special diets while hospitalized. If you have questions or concerns about your diet while you are hospitalized, please contact the dietary staff at ext. 43188. A "Catering to You" associate will talk with you and take your food order. There is one chef special at breakfast and two chef specials at lunch and dinner daily. The "chef specials" are heart-healthy options of the day. However, several appropriate items for your therapeutic diets are available in addition to daily specials.

If visitors would like a meal brought to a patient room, they can call the Dietary Department at ext. 43188. The meal will be charged to the guest, and payment can be discussed at the time the meal is ordered.

PIN

A personal identification number (PIN) may be assigned to a family member. This number identifies you as someone who can legitimately receive information about your family member. This system is used to safeguard patient confidentiality, a federal requirement under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PRESCRIPTION BEDSIDE DELIVERY PROGRAM

Walgreens offers bedside delivery of discharge medications as a complimentary service. This service allows you to get the medications you will need upon discharge from the hospital delivered to your room at no extra charge. Just tell your nurse you'd like to fill your prescription with Walgreens, and your nurse will handle the rest.

PUBLIC RESTROOMS

Please do not use the bathrooms in patient rooms. They are reserved only for patients in order to protect their health. Public restrooms are located throughout the hospital.



QUIET ENVIRONMENT

A quiet environment promotes healing. To support this, we can provide a set of foam earplugs for your added comfort. Simply ask your nurse.

SMOKING

Smoking and/or the use of any tobacco product, including electronic cigarettes, is not permitted anywhere in the hospital or on hospital grounds. For information about how to quit smoking, call Cardiac Rehabilitation at (989) 667-6641. Because the nursing staff is not able to care for you if you leave the building, patients may not leave the hospital to smoke. This rule is in place for your safety.

TDD FOR THE HEARING IMPAIRED

Telephone Devices for the Deaf (TDD), listening aids for the hearing impaired and closed-caption television are available by calling the hospital operator. Just press 0 on your room phone, or dial (989) 894-3000.

TELEPHONE

Telephones are provided in all patient rooms. To place a local call, press 9 followed by the local number. Long-distance phone calls must be charged to your credit card, calling card, home phone number or made collect.

TELEVISION

Televisions are provided for each patient room. Please be considerate of others by keeping the TV volume down and turning off your TV at bedtime. Ear plugs or headphones are available; simply ask your nurse. The television can be operated using your nurse call device. Closed-caption TV is available through the hospital operator. For television repair service, call ext. 43755, or inform your nurse.

VALUABLES

Please leave valuables at home, or send them home with someone you trust when you are admitted. If that is not possible, please deposit your valuables and money in our safe. These items may be retrieved when you are discharged. McLaren Bay Region cannot be responsible for replacement of personal belongings, or for items not secured in the hospital safe. If you lose anything during your stay, please inform your nurse or contact Security at (989) 894-3762.

PLEASE DO NOT VISIT ANYONE IN THE HOSPITAL IF YOU ARE NOT FEELING WELL OR HAVE COLD OR FLU SYMPTOMS.

VISITING HOURS *(HOURS MAY BE AFFECTED BY COVID-19)* **QUIET TIME ON ALL UNITS IS OBSERVED FROM 2:00 P.M. TO 4:00 P.M.**

GENERAL

8:30 a.m. – 8:00 p.m.

After 8:00 p.m., please enter through the Emergency Department to request a visitor pass.

PEDIATRIC PATIENTS:

Parents at all times; children under age 12, regular hours (must be accompanied by an adult).

FAMILY BIRTHPLACE/WOMEN'S HEALTH

8:30 a.m. – 8:00 p.m.

Fathers/birth partners may visit at any time. Quiet time and family/friend visitation, as desired by patient.

MENTAL HEALTH/BEHAVIORAL HEALTH UNIT

Tuesday: 4:30 p.m. – 5:30 p.m.

Saturday & Sunday: 1:00 p.m. – 2:30 p.m.

Holidays: 1:00 p.m. – 2:30 p.m.

CRITICAL CARE UNITS (ICU/CCU/NICU)

One to two family members for five minutes, each hour on the half hour. Other limitations may be in place depending upon the patient's condition. Please check with the nurses on the unit for up-to-date information.

McLaren Bay Region allows family members, friends or other individuals to be present with the patient for emotional support during the course of his or her stay. Having family members and friends visit in the hospital is important to the patient's continuing recovery.

You may receive calls and visitors, including spouse, domestic partner, family members and friends. You may withdraw or deny consent to calls and visitors at any time. McLaren Bay Region does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

VISITING AFTER HOURS

Visitors may enter through the Emergency Department between 8:00 p.m. – 5:00 a.m. Visitors will be screened by security personnel and approved by the Nursing Unit prior to visiting. *NO VISITOR WILL BE ADMITTED IF VISIBLY INTOXICATED.* Clergy may visit at any time the patient wishes.

VISITOR LOUNGES

Lounges are located on every floor except the fifth floor. Each lounge is equipped with computers for use in updating family and friends about your loved one's condition. The chapel is located on the fifth floor.

VOLUNTEERS

Hospital volunteers staff the information desk, drive the Courtesy Van, transport patients, work in the surgery lounge, operate the gift shop, and serve in a variety of other ways. If you or someone you know would like to experience the satisfaction of serving others, please call the Volunteer Office at (989) 894-3540.

WIRELESS INTERNET SERVICE

Wireless internet service is available in many places throughout the hospital.





PATIENT SAFETY

You, as the patient, can play a vital role in assuring your own safety by becoming an active, involved and informed participant in your health care.

ASK QUESTIONS

- Speak up if you have concerns. It's okay to ask questions and to expect answers you can understand.
- Choose a physician who you feel comfortable talking to about your health and treatment.
- Don't be afraid to ask about safety.
- Don't be afraid to tell your nurse or doctor if you think you are about to receive the wrong medication or you think he or she has confused you with another patient.
- Notice whether your caregivers have washed their hands or used the alcohol hand cleaner. Hand hygiene is the most important way to prevent the spread of infections. Don't be afraid to gently remind a doctor or nurse to do this.

MEDICATIONS

- Keep a list of all medications you take.
- Tell your doctor and pharmacist about any drug allergies you have as well as all the medicines you take, including over-the-counter medicines, supplements and herbs.



TEST RESULTS

- Make sure you get the results of all tests and procedures.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan. A resource to assist you is www.labtestonline.org, a public resource on clinical lab testing from the laboratory professionals who do the testing.
- Thoroughly read all medical forms and make sure you understand them before you sign anything. If you don't understand something -- ask your doctor.

ADVOCATE

- Ask a trusted family member or friend to be with you and to be your advocate.
- Consider creating a Durable Power of Attorney for Health Care document. Contact your nurse for more information.

ACTIVE INVOLVEMENT IN CARE

- Participate in all decisions about your treatment. You are the center of your health care plan.
- You and your doctor should agree on what will be done during your treatment.
- Know who is caring for you.
- Share as much as possible about your health with your caregivers.
- If you have vision, speech, hearing or mental impairment, ask that medical information be given to you in a manner that meets your needs.

DISCHARGE PROCESS

When it's time to be released from the hospital, your physician will authorize a hospital discharge. This doesn't necessarily mean that you are completely well. It means that you no longer need hospital services. If you disagree, you or your caregiver can appeal the decision (see *If You Disagree* paragraph). But before you can leave the hospital, there are several things that you or your caregiver must arrange. The first step is to know who will be involved in your discharge process. This starts with the hospital's case manager, who may be a nurse, social worker or administrator, or liaison. Case Management staff will work with your doctor to decide the best time and conditions for your discharge. Our goal is for patients to be discharged by 11:00 a.m. We understand there may be exceptions to this time. The usual process works as follows:

- Your physician will write a discharge order and probably discuss your release with you.
- Tell your nurse if you need transportation.
- Walgreens offers free Bedside Delivery Service from this McLaren location. Call (989) 391-3139 for more details.
- It is important that you follow your discharge instructions carefully, take your prescribed medication and perform your rehabilitation exercises faithfully.
- If you have questions after you are home, contact your physician. You also may call your nursing station by dialing (989) 894-3000 and asking for the correct nursing unit.

IF YOU DISAGREE

You or your support person can appeal your doctor's discharge decision. If you are a Medicare patient, be sure you are given "An Important Message from Medicare" from the hospital's case manager or discharge planner. This lists your rights to remain in the hospital for care and provides information on who to contact to appeal a discharge decision.

MAKE SURE YOU HAVE THE FOLLOWING INFORMATION BEFORE YOU LEAVE THE HOSPITAL:

DISCHARGE INSTRUCTIONS

This is a summary of why you were in the hospital, which healthcare providers saw you, what procedures were done, and what medications were prescribed. You will be given a special envelope containing your discharge and home care information. Please keep it close to the phone after you go home.

MEDICATIONS LIST

This is a listing of what medications you are taking, why, in what dosage and who prescribed them. Having a list prepared by the hospital is a good way to double-check the information you already have recorded.

PRESCRIPTIONS

A prescription for any medications you need. Be sure to fill your prescriptions promptly so you don't run out of needed medications. Walgreens offers bedside delivery of discharge medications as a complimentary service. This service allows you to get the medications you will need upon discharge from the hospital delivered to your room at no extra charge. Just tell your nurse you'd like to fill your prescription with Walgreens, and your nurse will handle the rest.

FOLLOW-UP CARE INSTRUCTIONS

Make sure you have paperwork that tells you:

- What, if any, dietary restrictions you need to follow and for how long
- What kinds of activities you can and cannot do, and for how long
- How to properly care for any incisions or injury you may have
- What follow-up tests you may need and when you need to schedule them
- What medicines you must take, the reason and for how long
- When you need to see your physician
- Any other home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment, and what signs and symptoms to watch out for
- Telephone numbers to call if you or your caregiver have any questions

OTHER SERVICES

When you leave the hospital, you may need to spend time in a rehabilitation facility, nursing home or other institution, or you may need to have treatments at a cancer center, have in-home therapy or schedule tests at an imaging center.

COMMUNITY RESOURCES

You and your caregiver may feel unprepared for what will happen after your discharge. Make sure your case manager provides you with information about local resources, such as agencies that can provide services like transportation, equipment, home care, patient care and respite care.

BILLING

WHAT A HOSPITAL BILL COVERS

The hospital bill covers the cost of your room, 24-hour nursing care, laboratory work, X-rays, procedures, surgeries, medications, therapy and the services of hospital employees. You will receive a separate bill from your physicians for their professional services. If you have questions about these separate bills, please call the number printed on each statement. The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. Please keep in mind that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your hospital bill. You may be asked to pay out-of-pocket expenses prior to service.

COORDINATION OF BENEFITS (COB)

Coordination of Benefits, referred to as COB, is a term used by insurance companies when you are covered under two or more insurance policies. This usually happens when spouses or partners are listed on each other's insurance policies, when both parents carry their children on their individual policies, or when you carry a supplemental policy to your Medicare. This also can occur when you are involved in a motor vehicle accident and have medical insurance and automobile insurance. Most insurance companies have COB provisions that determine who is the primary payer when medical expenses are incurred. This prevents duplicate payments. COB priority must be identified at admission in order to comply with insurance guidelines. If necessary, you must resolve discrepancies with your insurance carriers in order for the claim to be paid.

MEDICARE

McLaren Bay Region is an approved Medicare provider. All services billed to Medicare follow federal guidelines and procedures. At the time of service, you will be asked to answer questions to help determine the primary insurance carrier paying for your visit. This is referred to as an MSP (Medicare Secondary Payor) Questionnaire and is required by federal law. Your assistance in providing accurate information will allow us to bill the correct insurance company.

Medicare deductibles and coinsurance may be covered by your secondary insurance. If you do not have secondary insurance, you will be asked to pay these amounts or establish a payment plan. If you are unable to pay these amounts, we can help you determine if you qualify for a state-funded program.

If an ABN (Advanced Beneficiary Notice) is presented to you, it means that Medicare is likely to deny services based on medical necessity. You will be given the option to refuse service or proceed and be responsible if they do not pay. You will have the ability to appeal to Medicare with medical documentation.

Medicare does not pay for most medications provided in an outpatient setting (i.e. ER, Observation). They consider these to be self-administered drugs, meaning the patient or family member can administer them.

FINANCIAL ASSISTANCE

McLaren Bay Region provides financial assistance to those individuals who do not have the ability to pay. If you are not able to pay for all or part of your medical care, please contact a patient financial counselor at (989) 894-3109 to see if you qualify for a full or partial adjustment.

MEDICAID

We will need a copy of your Medicaid card for the current month. Medicaid has payment limitations on the number of services and items. Medicaid does not pay for the cost of a private room unless medically necessary.

COMMERCIAL INSURANCE

As a service to our customers, we will forward a claim to your commercial insurance carrier based on the information you provide at the time of registration. It is very important for you to provide all related information, such as policy number, group number and the correct mailing address for your insurance company.

INPATIENT VS. OUTPATIENT VS. OBSERVATION STAYS

Insurance companies have specific medical criteria that must be met to qualify as either an inpatient, outpatient or observation stay. Just because you spent the night or were here more than 24 hours, it does not automatically qualify as an inpatient stay. Insurance coverage and reimbursement may vary depending on the type of admission.



POST-HOSPITAL CARE

When you leave the hospital, you may need to spend some time in a rehabilitation facility, nursing home or other institution, or you may be able to stay home and receive healthcare services there. Here's a brief explanation of the various services available for post-hospital care:

INPATIENT REHABILITATION

Inpatient rehabilitation units promote special rehabilitative healthcare services by providing intensive therapy services and medical management. An inpatient rehab program uses an interdisciplinary team approach that involves rehab nursing care and a minimum of three hours of physical, occupational and speech therapy services at least five out of seven days per week.



OUTPATIENT PHYSICAL MEDICINE & REHAB

Outpatient physical, occupational and speech therapies improve functional ability and reduce pain.

HOME HEALTHCARE

Part-time healthcare provided by medical professionals in a patient's home to maintain or restore health. It includes a range of skilled and non-skilled services, including part-time nursing care, therapy, and assistance with daily activities.

DURABLE MEDICAL EQUIPMENT (DME)

Medical equipment that is ordered by a doctor for use in a patient's home. Examples are walkers, crutches, wheelchairs and hospital beds. DME is paid for under Medicare Part B and Part A for home health services.

INDEPENDENT LIVING

Communities for seniors who are very independent and have few medical problems. Residents live in private apartments. Meals, housekeeping, maintenance, social outings and events are provided.

ASSISTED LIVING

An apartment in a long-term care facility for elderly or disabled people who can no longer live on their own which provides assistance with medications, meals and housekeeping services. Nursing staff is on-site and most facilities have social activities and provide transportation to doctor's appointments, etc.

NURSING HOME

A residential facility for people with chronic illness or disability who need assistance for most or all of their daily living activities, such as bathing, dressing and toileting. Nursing homes provide 24-hour skilled care. Many nursing homes also provide short-term rehabilitative stays for patients recovering from an injury or illness and some facilities also have a separate unit for residents with memory loss or Alzheimer's disease.

HOSPICE

A licensed or certified program that provides care for people who are terminally ill and their families. Hospice care can be provided at home, in a hospice or other freestanding facility, or within a hospital. Hospice care emphasizes the management of pain and discomfort and addresses the physical, spiritual, emotional, psychological, financial, and legal needs of the patient and his or her family.

PATIENT INFORMATION

ADVANCE DIRECTIVES

If you are at least 18 years old and able to handle your own affairs, you can establish a durable power of attorney for healthcare. This is a legal document that allows you to appoint someone (patient advocate) to make healthcare, custody and medical treatment decisions on your behalf if you are unable to make such decisions on your own. Your physician will honor decisions made by your patient advocate on your behalf if your physician deems such decisions to be medically appropriate. You can revoke the appointment of a patient advocate at any time, and your patient advocate cannot make any decision to withhold or withdraw medical treatment that would result in your death unless you have expressed, in a clear and convincing manner, that your patient advocate has authority to make such a decision. You are not required to have a durable power of attorney for healthcare or any other form of advance medical directive as a condition of providing medical treatment. Hospital employees cannot serve as witnesses when completing these forms. For further information, call Case Management at (989) 894-3180.

RIGHTS AND RESPONSIBILITIES

Patients of McLaren Bay Region have the following rights and responsibilities:

1. You cannot be denied appropriate care on the basis of race, creed, religion, color, national origin, sex, age, handicap, marital status, sexual preferences or source of payment.
2. You are entitled to inspect, or receive within a reasonable time frame and for a reasonable fee, a copy of your medical record upon request. A third party shall not be given a copy of your medical record without your prior authorization.
3. You are entitled to confidential treatment of personal and medical records, and may refuse their release to any person outside the hospital, except as required because of a transfer to another healthcare facility or as required by law or third-party payment contract.
4. You are entitled to personal privacy, to the extent feasible, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your dignity and individuality.
5. You have the opportunity to request a transfer to a different room if another patient or visitor in the room is unreasonably disturbing you and if another room equally suitable for your care needs is available. Additionally, you have the right to know the reason(s) for your transfer either within or outside the hospital.

- 6.** You are entitled to receive adequate and appropriate care, and to receive, from the appropriate individual facility, information about your medical condition, proposed course of treatment and prospects for recovery in terms that you can understand, unless medically contraindicated as documented by the attending physician in the medical record.
- 7.** You have the right to participate in the development and implementation of your plan of care.
- 8.** You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- 9.** If you are 18 years of age or older, you have the right to establish a durable power of attorney for healthcare and designate a patient advocate to make informed medical treatment decisions for you in the event that you are unable to participate in your medical treatment decisions, and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- 10.** You are entitled to refuse treatment to the extent provided by law and to be informed of the consequences of the refusal. When a refusal of treatment prevents a health facility or its staff from providing appropriate care according to ethical and professional standards, your relationship with the hospital may be terminated upon reasonable notice.
- 11.** You are entitled to exercise your rights as a patient and as a citizen, and to this end, may present grievances or recommend changes in policies and services on your behalf or others to the facility staff, to governmental officials or to another person of your choice within or outside the facility, free from restraint, interference, coercion, discrimination or reprisal. You are entitled to information about the facility's policies and procedures for initiation, review and resolution of patient complaints.
- 12.** You are entitled to be fully informed of and to consent to any experimental procedure proposed as part of your care, and shall have the right to refuse to participate in the experiment without jeopardizing your continuing care. Your family has the right of informed consent of donation of organs and tissues.
- 13.** You are entitled to access to the cost, itemized when possible, of services rendered within a reasonable period of time, and to receive and examine an explanation of your bill, regardless of the source of payment, and to receive, upon request, information relating to financial assistance available through the facility.

14. You have the right to be informed of the source of the hospital's reimbursement for your services and of any limitations which may be placed upon your care.

15. You are entitled to know who is responsible for and who is providing your direct care; you are entitled to know the professional status of any person who is providing your care or services; you are entitled to receive information concerning your continuing health needs and alternatives for meeting those needs, and to be involved in your discharge planning, if appropriate. Additionally, you have the right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

16. You are entitled to associate and have private communications and consultations with your physician, attorney or any other person of your choice, and to send and receive personal mail unopened on the same day it is received at the facility, unless medically contraindicated as documented by the attending physician in the medical record. Your civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed, and the facility shall encourage and assist in the fullest possible exercise of these rights. You may meet with and participate in the activities of social, religious and community groups at your discretion, unless medically contraindicated as documented by the attending physician in the medical record. You may receive calls and visitors, including spouse, domestic partner, family members and friends. You may withdraw or deny consent to calls and visitors at any time. McLaren Bay Region does not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

17. You are entitled to receive care in a safe setting, and to be free from all forms of abuse or harassment and from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff. The exception are those restraints authorized in writing by a physician for a specified and limited time, or as are necessitated by an emergency to protect you from injury to yourself or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints, and who shall promptly report the action to the attending physician. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the restraint.

18. You are entitled to be free from performing services for the facility that are not included for therapeutic purposes in the plan of care.

19. You are entitled to information about the facility rules and regulations affecting patient care and conduct.

20. You have the right to have your pain assessed and appropriately managed, and to receive education related to your pain and pain control measures. You can expect that your requests for pain relief will receive rapid response, that your reports of pain will be taken seriously, and that the staff will use state-of-the-art pain management techniques.

21. You may have access to protective services in this community. Protective services assistance/referrals for both children and adults can be reached by dialing (855) 444-3911 at any time.

The following organizations can be contacted by asking your caregiver, case manager or social worker to help. You also may contact them directly.

- **Bay Area Women's Center** (*for Victims of Domestic Violence and Sexual Assault*), (989) 686-4551 or (800) 834-2098
- **Bay City Domestic Violence Unit**, (989) 894-8181
- **State Wide Hotline**, (800) 996-6228
- **Good Samaritan Rescue Mission** (*for Men, Women and Children*), (989) 893-5973

PATIENTS OF McLAREN BAY REGION HAVE THE FOLLOWING RESPONSIBILITIES:

1. You are responsible for following the health facility rules and regulations affecting patient care and conduct.

2. You are responsible for providing a complete and accurate medical history.

3. You are responsible for informing healthcare providers if you have a durable power of attorney for healthcare and if a patient advocate has been appointed.

4. You are responsible for making it known whether you clearly comprehend a contemplated course of action and the things you are expected to do.

5. You are responsible for following the recommendations and advice prescribed in a course of treatment by the physician. You are responsible for the outcomes if you do not follow the care, service or treatment plan.

6. You are responsible for providing information about unexpected complications that arise in an expected course of treatment, and report any perceived risk in your care.

7. You are responsible for being considerate of the rights of other patients and health facility personnel and property.

8. You are responsible for providing the health facility with accurate and timely information concerning your sources of payment and ability to meet financial obligations.

If you feel that any of your rights as a patient have been denied, contact:

Department of Licensing & Regulatory Affairs
Bureau of Community and Health Systems – Health Facility Complaints
P.O. Box 30664
Lansing, MI 48909
(517) 335-7167 fax
BCHS-Complaints@michigan.gov

The public also may contact the following organization with concerns about patient care and safety in the hospital that you feel has not been addressed: Joint Commission's Office of Quality and Patient Safety by fax: (630) 792-5636, email: customerservice@jointcommission.org, or online at www.jointcommission.org, then click "Report a Safety Event."

The Ethics Committee can be convened at any time to deal with urgent patient care issues. Patients, families, nursing staff or physicians may request an Ethics Committee Review by contacting the nursing supervisor or chairman of the Ethics Committee.

YOUR OPINION COUNTS

We value your input in helping us provide the best care possible. Make sure to complete the HCAHPS survey you receive in the mail. We use the results to improve our care and reward our staff for excellent service.

If you have a concern or an idea of how we can improve our services, we ask that you let us know immediately. Please contact the patient experience manager at (989) 894-3828, or ask to speak with a supervisor or manager.

If you are not satisfied with the response you receive, or would like to register a complaint with the state of Michigan, you may do so in one of the following ways:

- Call the toll-free Complaint Hotline at 800-882-6006
- Complete a Health Facility Complaint Form (BHS-OPS-361)
- Submit the BHS Online Complaint Form on the internet at <http://www.michigan.gov> by clicking "Health Systems and Licensing," "Featured Services" (buttons in left hand column)

Submit a letter with the following information:

- Complainant's name, address and telephone number
- Facility name and location
- Patient name and location
- Nature of complaint
- Date of incident

Mail written complaints to:

Department of Licensing & Regulatory Affairs
 Bureau of Community and Health Systems – Health Facility Complaints
 P.O. Box 30664
 Lansing, MI 48909
 (517) 335-7167 fax
 BCHS-Complaints@michigan.gov

BREAST IMAGING

Breast Imaging consumers may directly contact the ACR to report a serious complaint if they feel that their concerns have not been adequately addressed by the facility.

All serious consumer complaints must be submitted to the ACR in writing and include the:

- Consumer's name, address and telephone number
- Consumer's signature (if reported by the consumer)
- Name and location of the ACR accredited facility where the mammogram was performed
- Description of the complaint
- Copies of the supporting documentation that would be helpful in addressing the complaint

Consumer complaints may be faxed, emailed or mailed to:

Director, Breast Imaging Accreditation Program,
 American College of Radiology
 1891 Preston White Dr.
 Reston, VA 20191
 703-648-9176
 mamm-accred@acr.org

The ACR will not follow-up any complaint that is submitted verbally or anonymously.



DOING WHAT'S BEST FOR THE NEEDS OF OUR COMMUNITY.

WE ARE PROUD TO PROVIDE EXCEPTIONAL CARE THROUGH THE FOLLOWING SERVICES:

- Behavioral Health
- Breast Health
- Cancer Care
- Cardiology
- Convenient Care
- Dialysis
- Ear Nose & Throat
- Emergency Services
- Endocrinology
- Eye Care
- Family BirthPlace
- Gastroenterology
- Helen M. Nickless Volunteer Clinic
- Home Care
- Hospice
- Hospitalist Services
- Imaging
- Infection Prevention
- Infusion
- Lab
- McLaren Bay Special Care
- Medical Equipment
- Neuroscience
- Occupational Medicine
- Orthopedics
- Pain Center
- Pediatrics
- Pharmacy
- Primary Care
- Pulmonary Care
- Rehab & Therapy
- Robotics
- Sleep Center
- Stroke
- Surgery
- Urology
- Vascular
- Women's Services
- Wound Care

SERVICE LOCATIONS

1) McLAREN BAY REGION

1900 Columbus Ave., Bay City
All Services

2) LINCOLN CENTER

820 S. Lincoln St., Bay City
Conference Center

3) MIS BUILDING

400 S. Trumbull St., Bay City
Diabetes Education
Neighborhood Resource Center

**4) McLAREN BAY REGION
WEST CAMPUS**

3250 E. Midland Rd., Bay City
Anticoagulation Clinic
Bay Physical Medicine and Rehab
Bay Special Care
Cardiac Rehab
Center for Rehabilitation
Jeppesen Radiation Oncology Center
McLaren Health Pavilion
Bay Diagnostic Center
Gynecologic Oncology
Great Lakes Bay Health Centers
McLaren Bay Breast Surgery

5) KARMANOS CANCER INSTITUTE

3140 W. Campus Dr, Bay City

6) WEST SIDE MEDICAL MALL

4175 Euclid Ave., Bay City
Bay Neurosurgery Associates
Bay Neurology
Imaging Services
Laboratory
Pain Management Center
Physical Therapy
RediMed Walk-In Care
Darrell Stuart, MD

7) MEDICAL MALL EAST

Center Rd. & Pine Rd., Essexville
Bay Medical Foundation
Family Health and Wellness Center
Helen M. Nickless Volunteer Clinic
McLaren Bay Region Pediatrics
McLaren Bay Region Sleep Center
McLaren Medical Supplies

8) PINCONNING PHYSICAL THERAPY

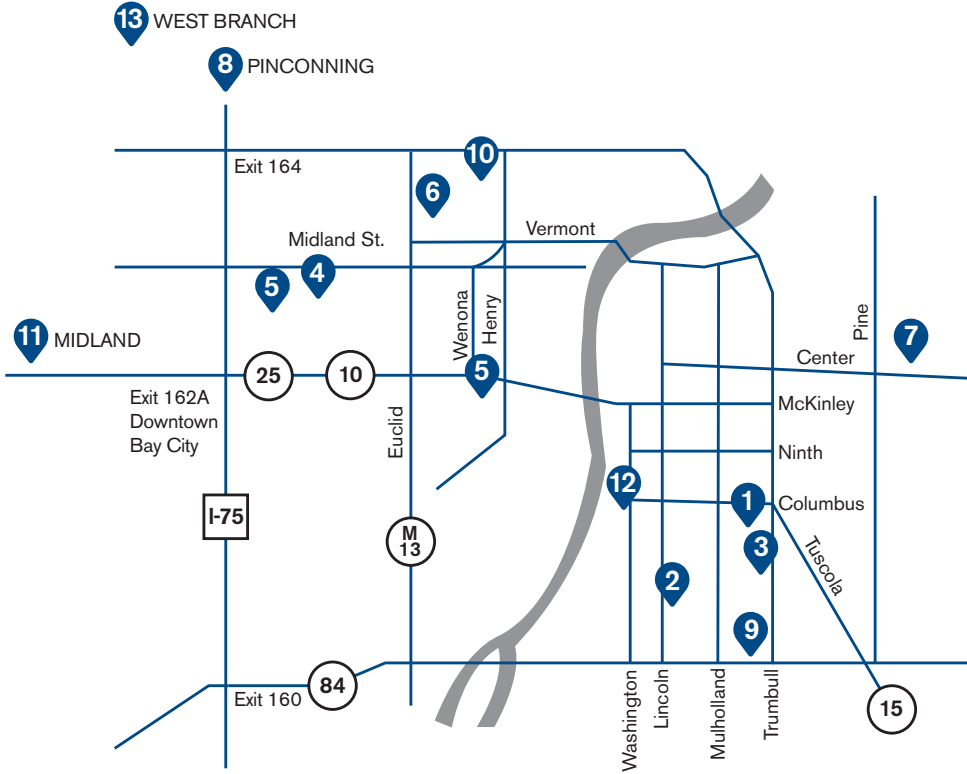
4293 Huron Rd., Pinconning
Laboratory
Physical Therapy

9) TUSCOLA PROFESSIONAL BUILDING

714 Trumbull St., Bay City
Internal Med Tuscola

10) BAY AREA HEALTH CLINIC

3720 Katalin Ct., Bay City
McLaren Bay Region Internal Medicine



11) MIDLAND MEDICAL OFFICE BUILDING

801 Joe Mann Blvd., Midland
 Internal Medicine
 Imaging Services
 Laboratory
 McLaren Bay Physical Therapy
 Multi-Specialty
 Primary Care

12) McLAREN BAY REGION - UPTOWN

4 Columbus Ave., Bay City
 Imaging Services
 Endoscopy
 General Surgery & Hyperbaric Medicine
 Laboratory
 Orthopedic Surgery
 Occupational and Convenient Care
 Primary Care

13) WEST BRANCH MEDICAL OFFICE BUILDING

2110 S M-76, West Branch
 Emergency Department
 Great Lakes Bay Health Centers
 Women's Care
 Imaging Services
 Karmanos Cancer Institute
 Laboratory
 McLaren Bay Heart & Vascular
 McLaren Bay Orthopedic Surgery
 McLaren Bay Rehabilitation Services
 McLaren Bay Sleep Center
 McLaren Primary Care



DOING WHAT'S BEST.[®]

1900 Columbus Avenue, Bay City, MI 48708
(989) 894-3000 | www.mclaren.org/bayregion