



THOMAS M. ANDREWS, M.D. • MARISSA EVARTS, D.O.
PETER S. KAREMPELIS, M.D. • ROSE S. TROWBRIDGE, M.D.
KATHLEEN M. WASYLIK, M.D.
Telephone: (727) 329-5400

PREOPERATIVE CHECKLIST

1. Stop giving your child aspirin or ibuprofen (Advil, Motrin and Aleve) two weeks before surgery. **Tylenol is OK.**
Continue all other medications as prescribed.
2. Please contact our **surgery scheduler** immediately with any change in phone numbers or insurance policies. **(727-329-5400 option 3)**
3. If you were given a prescription for pre-operative lab work, please have it drawn between 3-5 days before the day of surgery.
4. Anesthesia prefers **NO** vaccinations be given within 2 weeks of the surgery.
5. Please contact the **nurses** at Pediatric Ear, Nose & Throat Specialists if your child develops RSV, Pneumonia, Bronchitis or is exposed to Chicken Pox within 3 weeks of surgery. **(727-329-5400 option 2)**
6. The Pre-Admission nurses from the **Surgical Facility** will contact you by phone a day or two before surgery. They will need to speak with you to review your child's health history for the anesthesiologists.

They will also have your child's preoperative instructions and guidelines for when to stop eating and drinking.
7. Please bring **your** photo ID and **your child's** insurance card with you the day of surgery. A parent or legal guardian **must** accompany the child on the day of surgery (we must have copies of any legal paperwork **ahead** of time for children not accompanied by adoptive or biological parents).
8. If your child uses a nebulizer or inhaler, please give a treatment prior to leaving home the day of surgery and bring puffers.
9. If you have a prescription from your pediatrician or another specialist for labs to be drawn in surgery, please notify the surgery center 1-2 days prior to the surgery. The surgery center is not able to process all labs, and some labs will change your child's NPO instructions.



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AFTER HOURS INFORMATION

Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

If a problem occurs after our regular office hours, please call our **answering Service at (727) 562-6858.**

Tell the Telephone operator which doctor is currently treating your child. (It is marked below for you). This will help to serve you and your child in a more expedient manner.

Thank you.

Thomas M. Andrews, M.D.	_____
Marissa Evarts, D.O.	_____
Peter S. Karempelis	_____
Rose S. Trowbridge, M.D.	_____
Kathleen M. Wasylik, M.D.	_____
Natalie Colbert, APRN	_____
Alyssa T. George, APRN	_____
Kelsie Gleason, APRN	_____
Samantha R. Hunt, APRN	_____
Nicole Wooten, APRN	_____

Under your physician's recommendation, your child may be seeing our physician's assistant or nurse practitioner for his or her post-operative visit and follow up care.



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ACCESSING OUR SURGERY VIDEOS BY INTERNET

1. Log onto www.pediatric-ent.com
2. Select “**Learning Center**” located in the top blue bar. It is a ‘**Single Click**’.
3. Select “Surgeries We Perform” located at the top of the page in **RED** lettering. A ‘**Single Click**’.
4. Go to the procedure that is being performed on your child.
(The four (4) listed below have videos you may watch.)
 - a. Ear Surgery
 - b. Sinuses: Endoscopic sinus surgery
 - c. Tonsillectomy
 - d. Tympanostomy Tubes
5. **Single click on (watch video).**
6. The video will begin
7. If you would like more information on the actual procedure being performed, **single click on the name of the procedure** that appears in front of (watch video).

You are also able to access the post-operative instructions for that procedure by going to ‘**post-operative instructions**’, **located at the bottom of the page**. It is in **RED** lettering and takes on a ‘**Single Click**’. Go to the surgical procedure being performed on your child. (Adenoidectomy, Endoscopic Sinus Surgery, Palatoplasty, Tonsillectomy or Tympanostomy Tube Placement).

We hope this information is helpful for you and your child. If you have any questions, please do not hesitate to call our **nursing department @ (727) 329-5400 option 2** and we will be happy to assist you.



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IMPORTANT INSURANCE INFORMATION

Prior to your child's surgery, our Insurance Specialist will be in contact with your insurance company. Benefits will be verified and prior authorization will be obtained (if required).

If authorization is required, the authorization number will be passed over to the surgery center or hospital and will be place for your arrival by the date of surgery.

Our office is billing your insurance as a courtesy to you, therefore confirmation of benefits and/or authorization is **NOT A GUARANTEE OF PAYMENT.**

Your insurance policy is a contract between you and your insurance carrier. We will not become involved in disputes between you and your carrier regarding preexisting condition clauses, deductibles, co-payment, non-covered charges and "usual and customary fees". We will supply factual information to your insurance carrier upon written request from them.

**IF YOU HAVE QUESTIONS OR CONCERNS, WE WELCOME YOU TO
CALL OUR INSURANCE SPECIALISTS AT:**

(727) 329-5400 option 4.

Billing Information

To prepare financially for your child's surgery we recommend that **you personally contact your insurance carrier** to familiarize yourself with how your benefit plan works. We want to help you understand how you will be billed for the services your child will receive.

There are **four (4) separate entities** involved in your child's surgery and, as a result, **you will receive up to four (4) separate bills.**

Please note, although the physician's private practice adjoins the facility - their services are separate and distinct from the surgery center. Therefore you will receive a separate bill from the physician **and** a separate bill from the facility, as explained below.

Each individual entity has separate insurance, co-payment and deductible payment/billing requirements. As a courtesy, each entity will submit their separate charge(s) to your insurance carrier.

The four **(4) separate** entities involved in the care of your child are:

- 1) SURGEON:** This charge is for the physician who performs your child's surgery.
Contact- Pediatric Ear, Nose and Throat Specialists (Dr. Andrews, Dr. Cressman, Dr. Trowbridge, and Dr. Wasyluk)
Phone number: (727) 329-5400, option #4
- 2) FACILITY:** This charge is from the Ambulatory Surgery Center for providing the supplies, equipment and use of the operating room. The charges also factor in the unseen expenses of running the facility - things like light bills, medical waste disposal, staffing, etc...

Contact- Pediatric Surgery Locations:
 - A. Brandon Pediatric Surgery Center: (813) 490-6100
 - B. Odessa Pediatric Surgery Center: (813) 343-5690
 - C. Carillon Surgery Center: (727) 561-2710
 - D. Johns Hopkins All Children's Hospital (727) 767-3030
- 3) ANESTHESIOLOGY:** This charge is for the anesthesiologist that carefully administers and monitors the anesthesia throughout your child's procedure. Please call (813) 287-5718 for costs.
- 4) PATHOLOGY:** The pathologist will send you a bill for their services, when applicable, after your procedure is performed. The pathologists office cannot provide you an estimate of their fee prior to receiving the specimen.



**PEDIATRIC
SURGERY
CENTERS**

HISTORY & PHYSICAL (SHORT FORM)

MUST BE COMPLETED NO MORE THAN 30 DAYS PRIOR TO SURGERY

DATE OF EXAM _____ PATIENT NAME _____

WT _____ HT _____ DOB _____

BLOOD PRESSURE	RESP	TEMP	PULSE
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Your child was seen in our office on: _____. If your child's surgery date is 30 days or more after the office visit, your child must see PCP for a Pre-op history & physical. Please have the pediatrician fax the completed form to 727-329-5404 and bring a copy with you to surgery.

REASON FOR VISIT: _____

HOSPITALIZATION: NONE _____

PREVIOUS SURGERIES: NONE _____

ANESTHESIA CONCERNS/ FAMILY HISTORY: NONE _____

BLEEDING DISORDERS: NONE _____

FAMILY/ SOCIAL HISTORY: _____

PREMATURITY: NONE WEEKS GESTATION/ SIGNIFICANT BIRTH HISTORY: _____

RELEVANT PAST HISTORY: NON-CONTRIBUTORY _____

DEVELOPMENTAL: WNL DELAYED _____

ALLERGIES: NONE _____

CURRENT MEDICATIONS: NONE SEE MEDICATION RECONCILIATION SHEET _____

REVIEW OF SYSTEMS (ALL ABNORMAL FINDINGS NEED COMMENT)

NEG	RELEVANT HISTORY	NEG	RELEVANT HISTORY
HEAD/NECK:		GU:	
EENT:		MUSCULOSKELETAL/EXTREMITIES:	
RESP/LUNGS		NEURO/PSYCH:	
CV/HEART		SKIN:	
GI/ABDOMINAL/RECTAL		OTHER:	

PHYSICAL EXAM (ALL ABNORMAL FINDINGS NEED COMMENT)

SIGNIFICANT PHYSICAL FINDINGS	WNL		WNL
HEAD (EENT):	<input type="checkbox"/>	NEURO/MENTAL/PSYCH:	<input type="checkbox"/>
NECK/CHEST/LUNGS:	<input type="checkbox"/>	MUSCULAR/SKELETAL:	<input type="checkbox"/>
HEART/CIRCULATORY:	<input type="checkbox"/>	SKIN:	<input type="checkbox"/>
ABDOMINAL/GI:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
EXAMINATION RELATIVE TO SURGERY/PROCEDURE:			

X
EXAM PHYSICIAN'S SIGNATURE _____ **DATE** _____

BELOW TO BE COMPLETED DAY OF SURGERY ONLY!

IMPRESSION: _____

PLAN: _____

PATIENT INFORMATION LABEL

REVIEWED AND VERIFIED –THIS PATIENT IS CLEARED FOR SURGERY IN AN AMBULATORY SETTING.

THIS PATIENT WAS RE-EVALUATED AND THERE ARE NO CHANGES EXCEPT AS DOCUMENTED ABOVE.

SURGEON'S SIGNATURE _____ **DATE** _____