

# PATIENT & VISITOR GUIDE

Marietta Memorial Hospital



MEMORIAL  
HEALTH SYSTEM

*Expect More*

Updated February 2021



Dear Patients and Visitors,

Marietta Memorial Hospital is committed to providing the best and safest patient experience. We believe that actively involving our patients' families in their care enhances their experience at our hospital and improves their overall safety.

When patients are engaged as active participants in their own care, they are more informed of their treatment choices and possible complications. Patients and their families can be an important source of feedback because with their unique perspective, they often observe things that are important to support their loved ones' care and safety.

This guide is a tool we developed to improve communication between staff, patients, and families, allowing our team to share important information with you. It also provides a place for our patients, families, and staff to write down questions, important care points, and share information.

On behalf of our entire team, we thank you for choosing Marietta Memorial Hospital.

A handwritten signature in black ink, appearing to read 'Scott Cantley', written in a cursive style.

Scott Cantley  
President & CEO,  
Memorial Health System

## Our Mission & Vision:

### **Mission:**

To enhance the health of the people and the communities we serve.

### **Vision:**

Top 10% in the nation in all we do as an independent, innovative health system.

My Stay	
My Health Care Team	
My Medications & Lab Results	
My Rights & Responsibilities	
My Diagnosis & Questions	
My Discharge	

### IMPORTANT PHONE NUMBERS:

- Billing • (740) 374-1413**
- Cafeteria • (740) 374-1477**
- Discharge Planning • (740) 374-1492**
- Financial Counselors • (740) 374-1673**
- Housekeeping • (740) 374-1529**
- Information Desk • (740) 374-1498**
- League/Gift Shop • (740) 374-1429**
- Marietta Memorial Hospital • (740) 374-1400**
- Service Improvement Coordinator • (740) 374-1541**
- 24 Hour Nurse Line • (844) 474-6522**



### To Place a Phone Call

For our hospital operator dial "0." To call outside the hospital, dial "9" and then when you hear a dial tone, dial the number (area code first) that you're trying to reach.



**MY  
STAY**





- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-740-374-1436

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-740-374-1436。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-740-374-1436

مقرب لصتا. انجم لابل كل رفاوت ةي وغلل ةدعاسم الم تامدخ ناف ،ةغلل دكاذ دحتت تنك اذا :ةظوحلم 1-740-374-1436

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helfst mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-740-374-1436

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-740-374-1436

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-740-374-1436

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-740-374-1436

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-740-374-1436번으로 전화해 주십시오. 1-740-374-1436

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-740-374-1436.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-740-374-1436まで、お電話にてご連絡ください。1-740-374-1436

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-740-374-1436

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-740-374-1436.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la 1-740-374-1436.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-740-374-1436.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-740-374-1436

ध्यान [दनहोसः] तपाङ[ले नेपाल] बोलनहन्छ भन तपाङ[को] [निम्न भाषा सहायता सवाहरु] [नःशल्क रुपमा उपलब्ध छ ।

फोन गनहोसर १ 1-740-374-1436

1-740-374-1436. دیریگیب سامت اب. دشاب یم مهارفامش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگت فگ یسراف نابز هب رگا. هچوت

رقی 1436-374-740-1 لای۔ یہی بایستردی می تفم تامدخ کی ددم کی نابز وک پآ وت، یہی سٹلوب ودرآ پآ رگا: رادربخ

If you believe that Memorial Health System has failed to provide these services or discriminated based on race, color, national origin, age, disability, gender identity, transgender, or sex, you can file a grievance with:

Service Improvement Coordinator  
Memorial Health System  
(740)374-1541  
grievance@mhsystem.org

If you need assistance filing a grievance, the Service Improvement Coordinator can assist you. A grievance can be filed in person, by mail, fax, phone, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/orc/office/file/index.html>

## Marietta Memorial Hospital Map:

Marietta Memorial Hospital is divided into four main areas which are represented by the following four colors:

- Allan Hall
- Main Hospital
- South Pavilion
- Strecker Cancer Center

### 1<sup>st</sup> Floor

- ATM
- Cardiopulmonary Tech
- Cashier
- Human Resources
- Kroger Pharmacy
- Learning Resource Center
- Laboratory
- Medical Records
- Outpatient Center
- Stress Lab
- Cath Lab
- Gift Shop
- Information Desk
- MOHP
- Radiology (X-ray)
- Wound Care Center/Infusion Therapy
- Pre Admission Testing
- Surgery

### 2<sup>nd</sup> Floor

- 2 North
- 2 South
- 2 West

### 3<sup>rd</sup> Floor

- Nursery
- 3 North
- 3 South
- 3 West

### 4<sup>th</sup> Floor

- Ambulatory Surgery
- Chapel
- 4 North
- 4 South
- 4 West

### 5th Floor

- Care Management \* by escort

### Level B

- Emergency Department

### Level G

- Cafeteria
- Observation Unit

### Patient Rooms (All in Main Hospital)

#### 2<sup>nd</sup> Floor

2 North	2250-2274
2 South	2202-2211
2 West	2212-2225 2275-2286











#### 3<sup>rd</sup> Floor

3 North	3350-3371
3 South	3302-3307 3309-3317
3 West Women and Newborn Unit	3320-3336

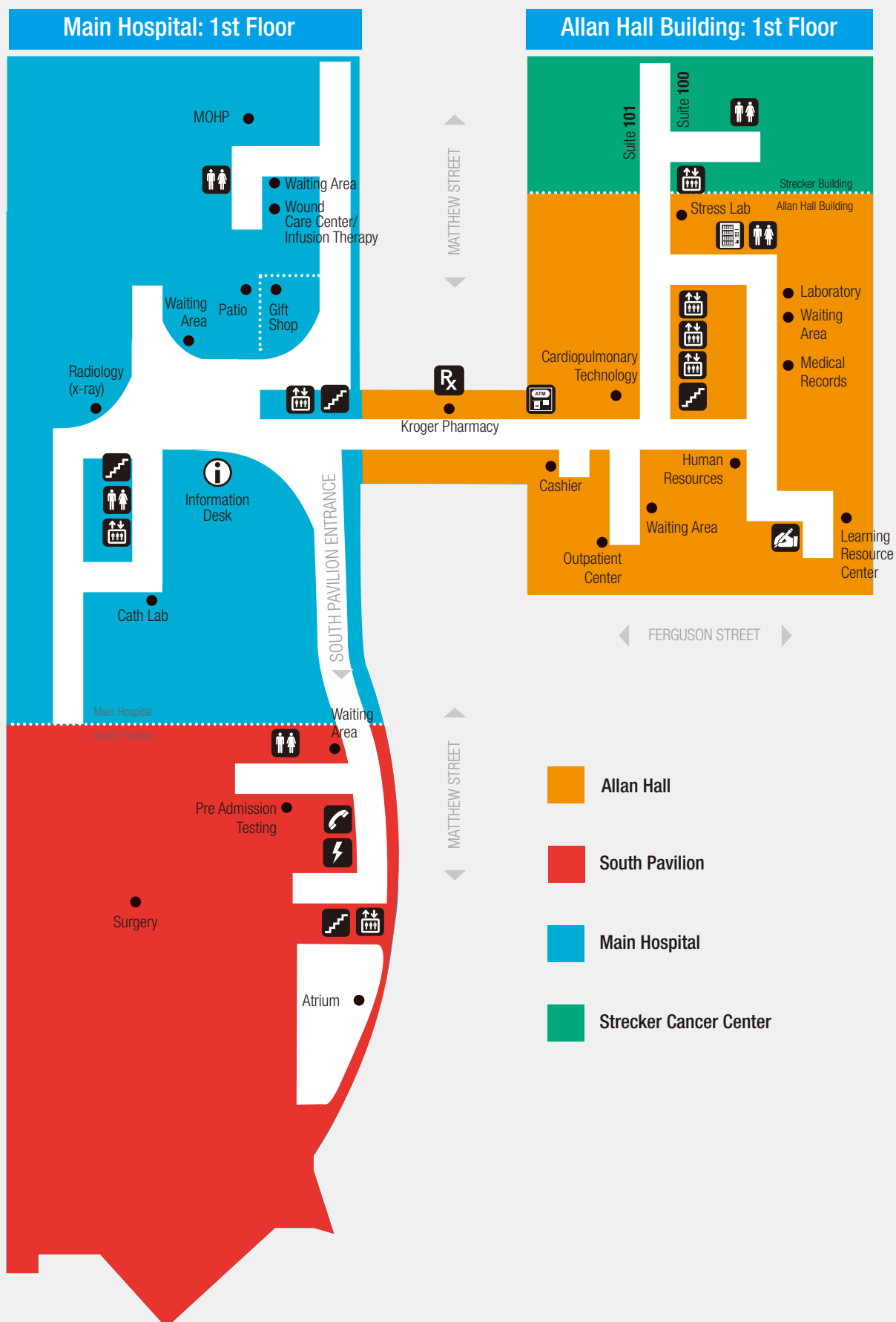
#### 4<sup>th</sup> Floor

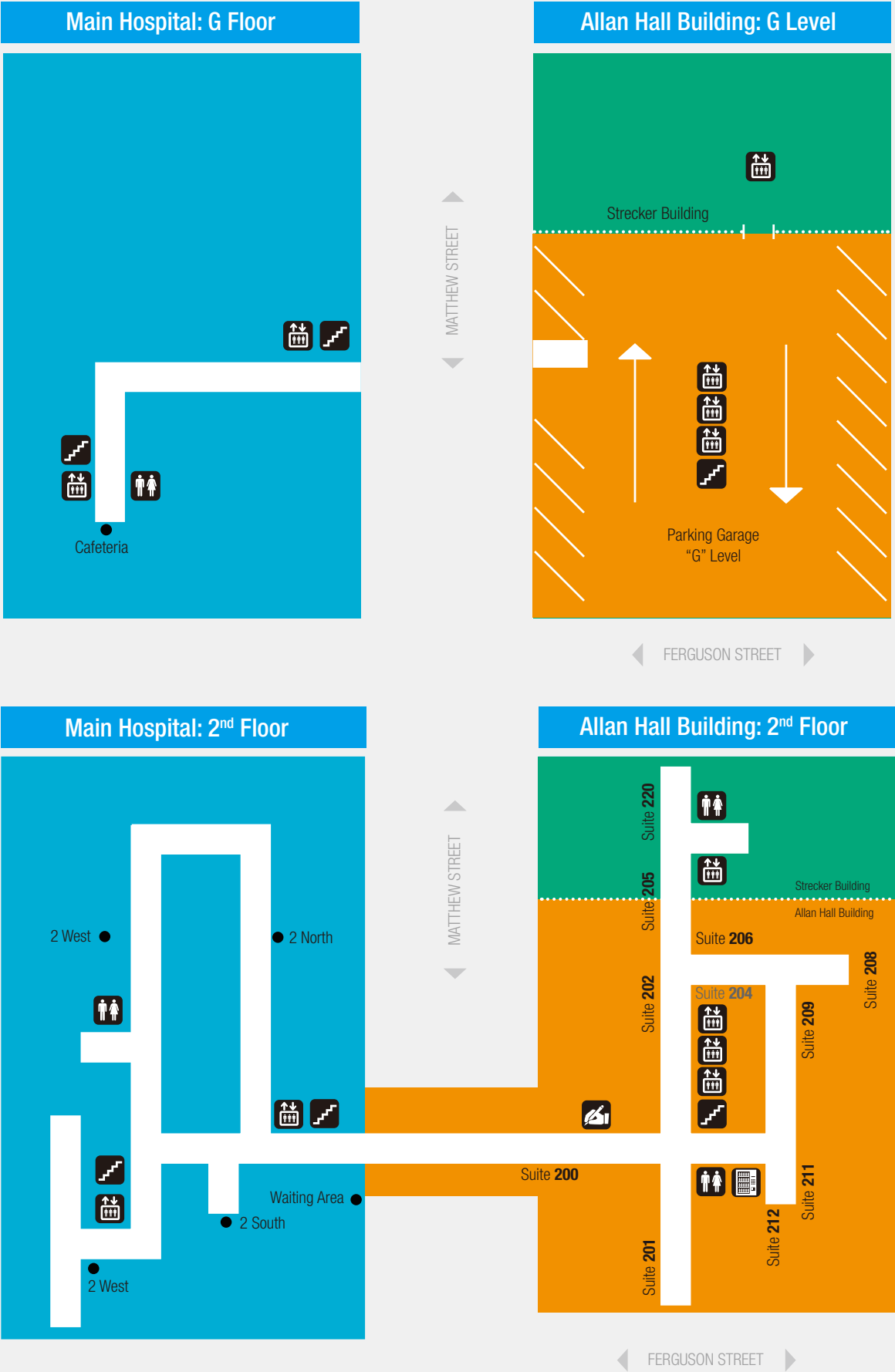
4 North	4452-4455 4460-4471
4 South	4401-4408
4 West Intensive Care Unit	4001-4007
4 West Cardiovascular Intensive Care Unit	4008-4011

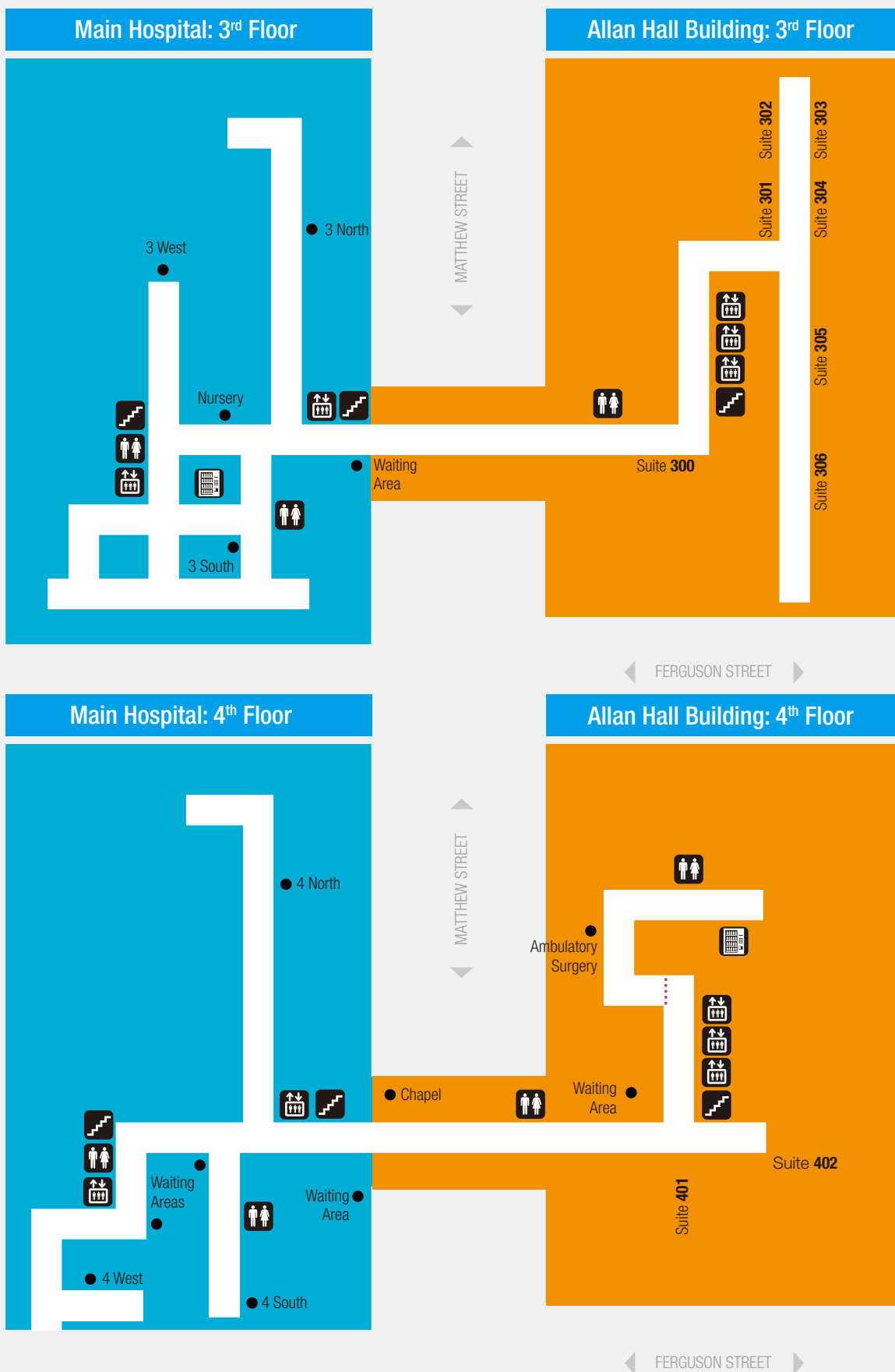
### Utilities Key:

-  ATM
-  Conference Room
-  Elevator Access
-  Kroger Pharmacy
-  Phone
-  Restroom
-  Smoking Area
-  Stairs
-  Vending Machine
-  Charging Station









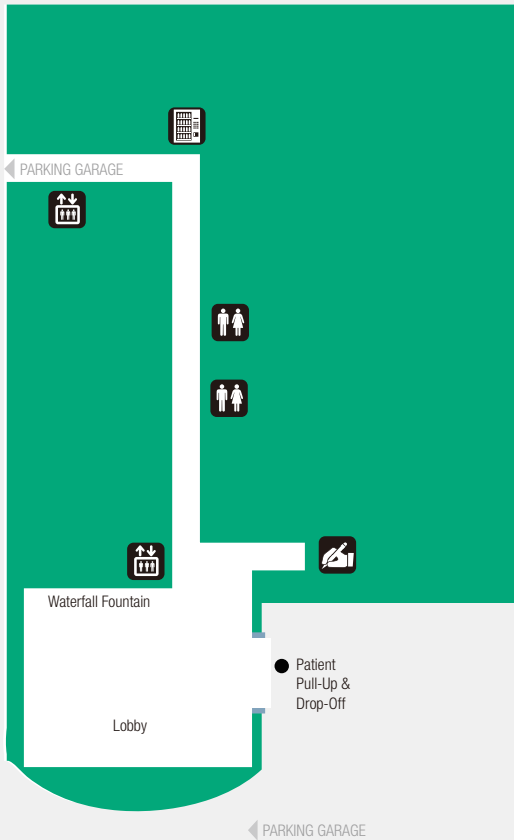
South Pavilion: B Floor



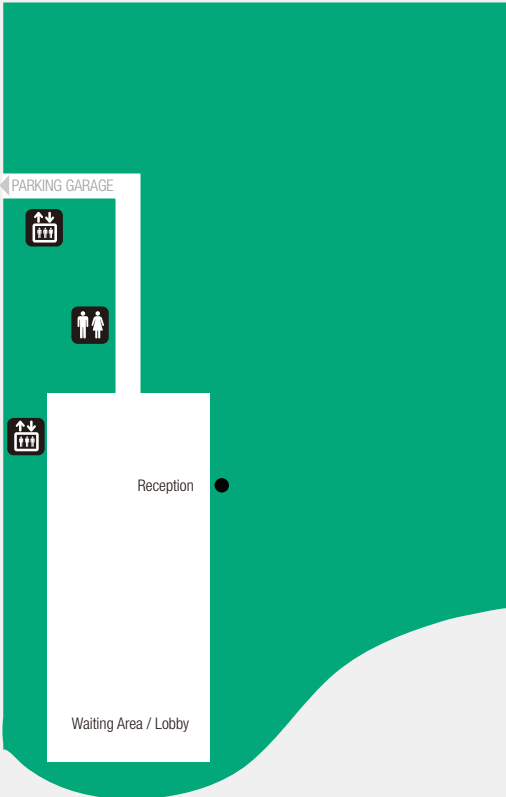
South Pavilion: G Floor



Strecker Cancer Center: B Floor



Strecker Cancer Center: G Floor



## MONITORING YOUR HEART



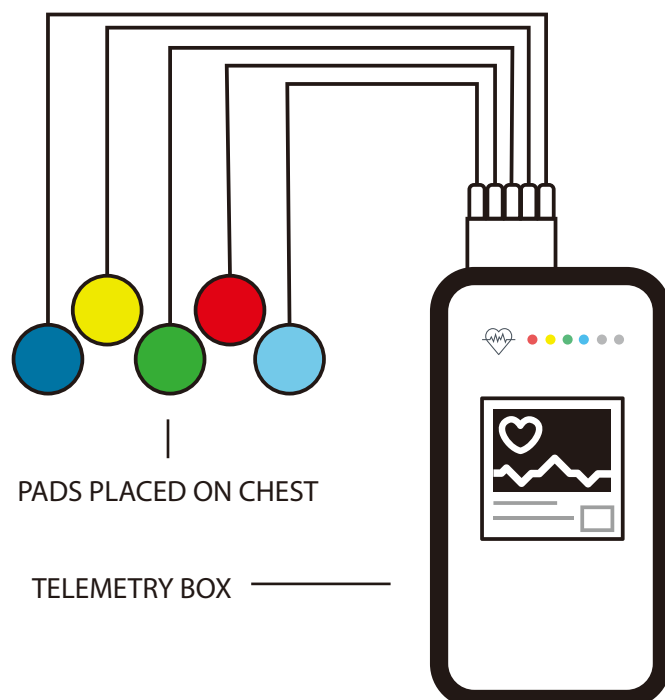
### What is Telemetry?

Telemetry is a way of monitoring your heart while you are in the hospital. We use a battery operated unit called a telemetry box.

### How Does it Work?

The unit or “box” has wires that are connected to pads which are placed on your chest. The wires pick up signals from your heart and send them to the telemetry box. The box records these signals from your heartbeat and sends them to a central monitoring station.

The telemetry box does not correct any problems your heart might be having. For example, it cannot check your blood pressure or “shock” your heart.



### Frequently Asked Questions:

**Q: I see other patients with telemetry boxes on. How does the telemetry staff know which one is mine?**

**A:** Each telemetry box has a number on it. These numbers are assigned to specific patients and allows staff to identify you.

**Q: What should I do if the leads or electrodes fall off?**

**A:** Don't try to replace them yourself. Let your nurse know so they can put them back in the right places.

**Q: When is the telemetry box cleaned?**

**A:** The wires and box are disinfected after each use. It is not necessary to clean the unit while you are using it, unless it becomes dirty.

### TWO PATIENT IDENTIFIERS

## NAME + BIRTHDATE = PATIENT SAFETY



While receiving care in our health system, your safety is our highest priority. One way we ensure your safety is through verifying your identity each time our team provides care to you. We will ask your name and birthday every time you are given a medication, have a test, or surgery. We are dedicated to ensuring we provide the right care, to the right patient, every time.

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### MARIETTA MEMORIAL HOSPITAL'S OBSERVATION UNIT

The observation unit is an outpatient unit in our hospital intended for short stays and our goal is to have an established care plan within 24 hours.

**Our observation unit is used for:**

- Performing short term treatment or testing
- Decision making on either admitting you as an inpatient or discharging you from the hospital
  - If you're discharged, we'll schedule a follow-up appointment with your provider



## Infection Control

Careful handwashing is the most important measure to prevent the spread of infection and can keep you from getting sick. Please wash your hands frequently, particularly after using the bathroom, before eating, touching your face, or after coughing and sneezing (remember to cover your nose and mouth). Soap and water, alcohol rubs, and hand sanitizer is also available for your use throughout the hospital.

If you are ill, coughing, or sneezing, you may be asked to put on a mask to protect others.

**If you have a fever or cough please do not visit your loved ones.**



## Connecting to Our WiFi

**To connect to our guest wireless network follow these steps:**

1. Enable the wireless feature on your computer.
2. Connect to the "mmh-guest-wireless" network.
3. Once you are connected, you will be redirected to our terms and conditions page. You must read and accept these by clicking "Accept" at the bottom of the page. Then, internet browser will open.

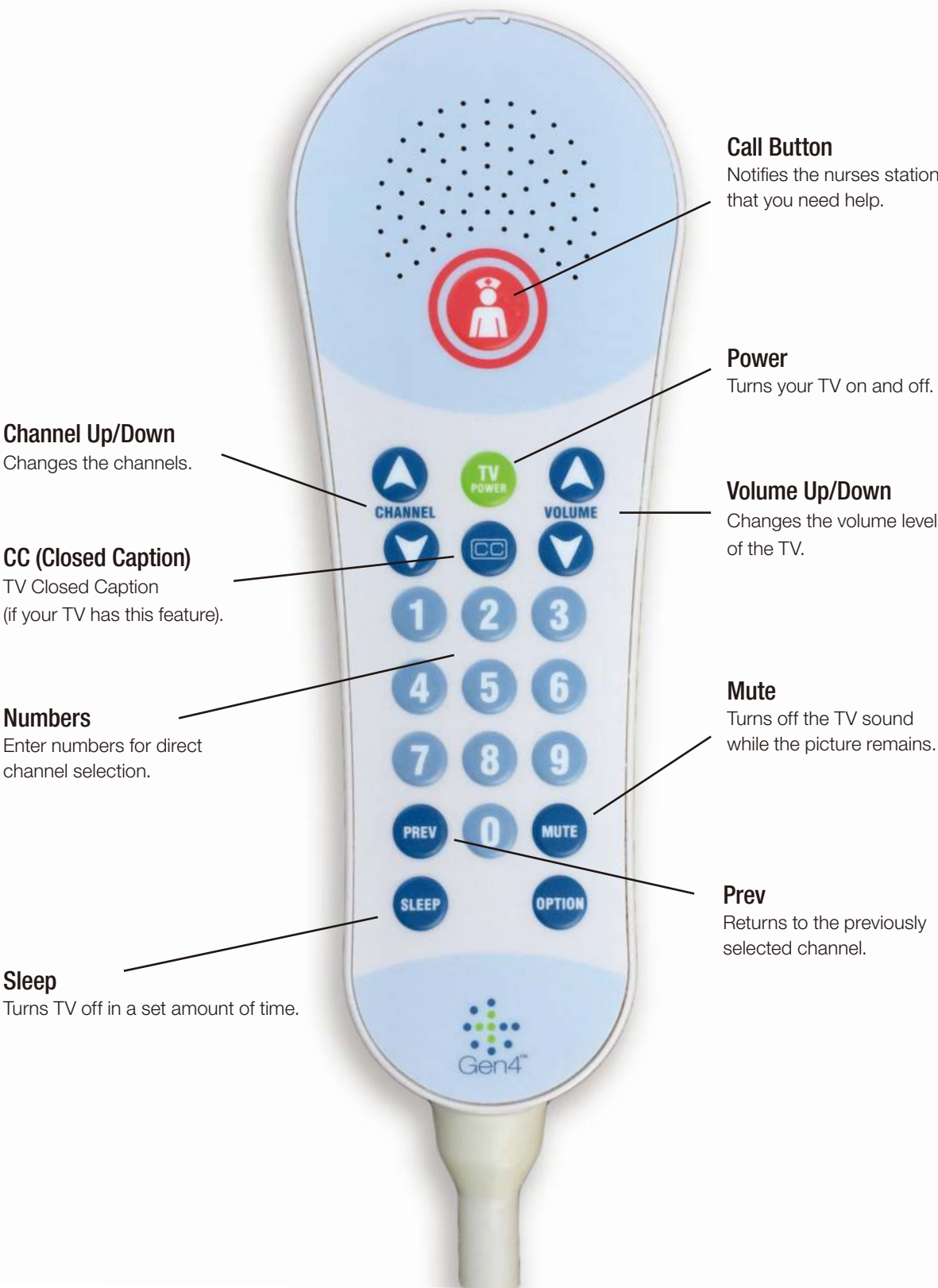
### ***Please Note:***

*This wireless internet service is provided as a courtesy. We hope you find it helpful during your time here. We do ask you to keep the following in mind:*

- *Memorial Health System assumes no responsibility and shall not be liable for the loss of data, damages, or viruses that may infect your computer equipment or other property from your access to, use of, or browsing of any website, including downloading of any materials from websites.*
- *Any restriction or monitoring of a minor's access to the system's guest wireless network is the sole responsibility of the parent or guardian.*
- *Please keep electronic devices in a safe place while staying at or visiting Memorial Health System.*

*If you have problems accessing the internet over the wireless network, hospital staff cannot assist in making changes to your device or network settings or perform any trouble-shooting on your device. You will need to refer to your owners' manual or seek other support services for assistance.*

Your TV Remote Control & Call Button







## Visiting Hours

Visitors are an important part of patient recovery and we have an open visitation policy. If guests are here between 8 p.m. - 7 a.m., please request a visitor pass from the nurses station.

### We ask that you please keep in mind the following:

- For patient information such as room number, please call our information desk at (740) 374-1498.
- Visitors should check with nursing staff before bringing gifts of food or beverages.
- Children under 12 years old must have adult supervision.
- Non-visiting hours are 8 p.m. - 7 a.m. Visitors will need to get a pass from the nurses station where their family member is located.
- Visitor policy is subject to change and may limit guests based on current health and safety risks in our area. Please call the information desk to learn about current policies.

### Visiting hours for specific units are as follows:

#### 2 South

1 - 2 p.m. and 6 - 7 p.m. daily.

Other times must be arranged through the patient's treatment team. For visitors ages 18 and under, a physician order is necessary for visitation.

#### 3 West

One support person can stay overnight. Visiting hours for all other guests are from 10 a.m. - 8 p.m. Quiet hours are from 2 - 4 p.m. to allow our families time to bond and rest. Children under 10 years old, except siblings, are not permitted to visit. To protect the privacy of our patients, visitors are asked to await for the new baby in the waiting area rather than in the hallway near the delivery room. Please remember that our mothers and babies need their rest, so please try not to stay for a long period of time.

Our recovering mothers and infants are susceptible to illness, so please do not visit if you are sick or recovering from an illness.

#### 4 West

9 a.m. - 7 p.m.

9 p.m. - 7 a.m. (restricted to one visitor per patient)

7 - 9 a.m. / 7 - 9 p.m. (visitors only allowed at the discretion of nurses' station)

*Children 12 years old and under are not permitted.*

## MY STAY

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### Our Information Desk

Do you have questions concerning patient location and general hospital information? Call (740) 374-1498 or ask at the Information Desk, located in our main hospital lobby near the League Shop, on the first floor.



### Cell Phone Charging Stations

There are complimentary cell phone charging stations located in the surgery waiting area on the first floor, near the elevators.

**Note:** We are not responsible for any lost or stolen items at any of our system's campuses.



### Chapel

You are invited to use the chapel on the fourth floor walkway at any time for family or private meditation.



### Cafeteria

Our cafeteria is open to the public and is located on Level G of the hospital. A wide variety of popular foods are available at affordable prices.

**Hours:** 6:30 a.m. - 7 p.m. and from 1:30 - 3:30 a.m. every day. Hot food is served from 7 - 9:30 a.m., 11 a.m. - 2 p.m. and 5 - 7 p.m.



### Vending Machines

Vending machines are located near the elevators to the parking garage on the second floor, in the emergency department waiting area, in the third floor waiting area, and on Level B in Strecker Cancer Center.



### ATM Machine

An ATM machine is located on the first floor walkway of Marietta Memorial Hospital across from our cashier's office.



### Gift Shop/League Shop

The gift shop is located on the first floor.

**Business hours:** Monday through Friday; 8 a.m. - 7 p.m., Saturday; 11 a.m. - 4 p.m., Sunday; Closed



Patients and visitors may park in the parking garage or in any outside parking lots with the following exceptions:

- A. For MOHP and Wound Care Center patients only
- B. Parking Garage (Level B) spaces marked for Strecker Cancer Center and pulmonary patients only
- C. Emergency Room (ER) parking reserved for emergency patients and their transport only
- D. Provider parking (behind the hospital)



Patients and visitors are encouraged to use the Matthew Street entrance to enter our parking garage.



Handicapped parking spaces are located in the emergency room parking lot (for those coming to the emergency room) and on Levels A, C, and G of our parking garage.



Vehicles taller than 6'6" inches are not permitted in the parking garage and must use an outside lot.



**YOUR ROOM HAS BEEN CLEANED**

&

**DISINFECTED  
WITH LIGHT!**

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**We use Xenex** – a revolutionary, chemical-free UV light system that is proven to eliminate potentially harmful bacteria and viruses. It's one additional step we take so you can get back to feeling better.

























# MY HEALTH CARE TEAM

























## THE COLORS OF MEMORIAL HEALTH SYSTEM

Memorial Health System's uniform program is designed to improve our patients' experience by helping them identify caregivers and make more sense of an unfamiliar environment. You may see the following departments and their colors during your stay:

DEPARTMENTS/TEAMS	UNIFORM TOP & BOTTOM COLORS		
Emergency Medicine Physicians & Residents		 Black	 Black
RN		 Caribbean Blue	 Caribbean Blue
LPN		 Misty	 Caribbean Blue
PCT/HUC		 Wine	 Wine
Biomed, Radiology, Lab, Phlebotomy, Outpatient Center, Respiratory Therapy, Radiation Therapy		 Navy	 Navy
Registration & Clerical		 Ceil Blue	 Navy
Pharmacists & Pharmacy Techs		 Brown	 Brown
PT, OT, Speech Therapy		 Forest Green	 Black
LPTA, COTA, Rehab Aides		 Forest Green	 Black
Behavioral Health		 Eggplant	 Eggplant
Physician Clinics		 Pewter	 Pewter

## MY HEALTH CARE TEAM

DEPARTMENTS/TEAMS	UNIFORM TOP & BOTTOM COLORS		
Cath Lab	 Gray	 Gray	
Environmental Services	 Charcoal	 Black	
Nutrition Services	 Royal Blue	 Black	
Laundry	 Light Blue	 Black	
Courier & Transporters	 Silver	 Black	
Maintenance	 Gray	 Gray	
Storeroom & Materials Management	 Royal Blue	 Royal Blue	
Switchboard	 Stone	 Black	
Customer Service Reps	 Gray	 Black	





## LIST OF PROVIDERS

### My Primary Care Provider

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### Additional Providers

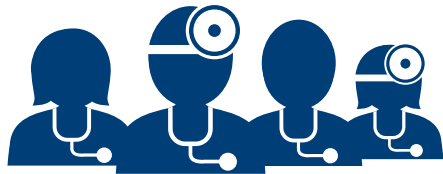
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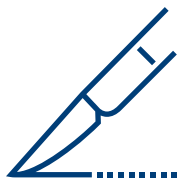
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### Hospital Medicine Team

Marietta Memorial Hospital's Hospital Medicine Team (HMT) is a group of talented physicians, physicians assistants, and nurse practitioners who specialize in caring for patients that require care in the hospital. The HMT will manage and coordinate your care if you are admitted to their team or may consult or provide you care if you're admitted by other physicians. Since they are part of a team, you may be admitted by one of our physicians and followed up with the next day by another one of our team members. They are available on-site 24 hours a day and will respond at all hours to an emergency that arises. When you are ready to return home, they will make sure to communicate with your already established providers so they can properly care for you after discharge. If you do not have a primary care physician, we will make every effort to ensure you have an appointment with a physician after discharge.

To find out more information on our hospital medicine team visit [mhsystem.org](http://mhsystem.org).



### Acute Care Surgery Team (Surgical Specialist Program)

In addition to our hospital medicine team, Memorial Health System has a team of acute care surgeons available around the clock to provide timely surgical care to patients, ensure continuity of care, improve communication between provider, and shorten length of stay while decreasing complications. Assisting our surgeons are physician assistants and a critical care nurse specialist, who see patients every day, ensuring the patient's plan of care is followed.



### HOURLY ROUNDING & NURSE BEDSIDE SHIFT REPORT

#### Hourly Rounding

Hourly rounding is performed by all staff on our team including our registered nurses (RNs), patient care technicians (PCTs), our shift coordinators, and our department clinical nurse managers.

We will ask you about:

- Pain
- If you are comfortable
- If you need to use the bathroom
- If you need something to eat or drink
- If there is anything else we can do for you



#### Nurse Bedside Shift Report

What is a nurse bedside shift report?

Nurse bedside shift reports take place when nurse(s) going off duty meet by your bedside with nurse(s) coming on duty to talk about your care. This gives you a chance to meet the new nurse(s) taking over your care, ask questions, and share important information with your new nurse(s). It usually lasts about 5 minutes. *\*Nurse bedside shift reports do not replace the conversations you have with your doctor about your care.*

You can invite a family member or friend to stay during the nurse bedside shift report. We will only talk about your health with others when you say it is okay.



LISTEN



SPEAK UP



ASK QUESTIONS

#### What should I do?

**Listen.** You are an important part of our care team. We want to make sure you have complete and timely information about your care.

**Speak Up.** If you have questions or concerns during our nurse bedside shift report, it's the perfect time to raise them.

**Ask Questions.** If something is confusing to you or if the nurses use any words or share any information you don't understand, feel free to ask them to explain.



# MY MEDICATIONS & LAB RESULTS





### MEDICATION SAFETY



#### Make a List

If you take any sort of medication, it's a good idea to make a list of all of your current medications and put a copy of this list where others can find it in case of emergency, like in your purse or wallet, on your refrigerator, or in the glove compartment of your car. Show this list to your family doctor, your pharmacist, and others involved in your care at every appointment.

You should also take notes on what you learn at your provider's office and at the pharmacy. You may want to take a friend or family member with you to write down information. It is a good idea to write down the answers to your questions so you do not have to depend on your memory later. Be sure to include all over-the-counter (non-prescription) medications, home remedies, herbal medications including tea, vitamins, and weight gain or loss products such as shakes, pills, or bars. Sometimes they can be dangerous when you take them with other medications.

- If you take many different medications or have medications ordered by different doctors, schedule a “brown bag check-up” – place all medications and over-the-counter products in a bag and take them to your doctor or pharmacist so he/she can check for any potential problems.
- Store your medications in a dry area that does not have changes in temperature. Do not store them in the bathroom, over the stove, or in the car.
- Keep your medications out of reach of children and pets.
- Keep your medications in their original bottle/container. Exception: if your provider or pharmacist suggests a daily or weekly medication box, ask how to use it. Some medications should not be stored together or need special storage.
- Each time you take your medication, read the label, and make sure you are taking it correctly.
- Throw away all products that are outdated or that you have been taken off of. Ask your pharmacist how to properly dispose of these medications.
- Never share your medications with others or take another person's medications.
- Try to use the same pharmacy or drugstore for all your prescriptions so your pharmacist has a complete record of all your medications and can give you the best advice.

### MEDICATION SAFETY CONTINUED



TALK WITH YOUR PROVIDER, NURSE, OR PHARMACIST

**Be your own best health care advocate and talk with your provider, nurse, or pharmacist if:**

- You have any questions about your medications.
- You notice a change in how a medication looks
- You notice a change in instructions for taking a medication.
- **You have allergies, side effects, or reactions you have had before accepting any new medication.**  
**Get medical help right away if you develop itching or swelling or if you have trouble breathing after taking a new medication.**

To help decrease your costs, you will be asked to bring the medications with you that you normally take at home in their original container for use, including non-prescription medications, with the exception of narcotics. Any narcotics that are prescribed will be dispensed from Marietta Memorial Hospital's Pharmacy to maintain Ohio Board of Pharmacy regulations.



#### **Our 24 Hour Nurse Line: (844) 474-6522**

If you ever have any medical questions or concerns, feel free to call our 24 Hour Nurse Line. Our team will guide you in the right direction and schedule your appointments.



LIST OF MEDICATIONS

My Daily Medications & Dosage

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Additional Instructions

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[illegible]

# MY RIGHTS & RESPONSIBILITIES





## MY RIGHTS & RESPONSIBILITIES

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### A PATIENT AT MARIETTA MEMORIAL HAS THE RIGHT TO:

- A. The right to participate in the development and implementation of his or her plan of care;
- B. Or his or her representative (as allowed under state law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;
- C. The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives;
- D. The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital;
- E. The right to personal privacy;
- F. The right to receive care in a safe setting;
- G. The right to be free from all forms of abuse or harassment;
- H. The right to the confidentiality of his or her clinical records;
- I. The right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the individual if it is readily producible in such form and format (including an electronic form or format when such medical records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits; 482.13(d)(2)
- J. The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;
- K. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services;
- L. The right to know the professional status of any person providing his/her care / services;
- M. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care;
- N. The right to know the reasons for his/her transfer either within or outside the hospital;
- O. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care;
- P. The right of access to the cost, itemized when possible, of services rendered within a reasonable period of time;
- Q. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care;
- R. Informed of the right to have pain treated as effectively as possible.
- S. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following requirements:

- Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
- Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

T. The patient's family has the right of informed consent for donation of organs and tissues.

Patients have the right to address their concerns about patient care and safety to the patient representative at (740) 374- 1541 and/or an ethics committee representative. If the patient does not wish to talk with the patient representative, or if the concern is unresolved by the patient representative, the patient may contact the hospital's Chief Executive Officer. Patients have the right to contact the Ohio Department of Health at (800) 342-0553 or visit [odh.ohio.gov](http://odh.ohio.gov); or the State Quality Improvement Agency (QIO), Livanta at (888) 524-9900 or visit [www.livantaqio.com/en/states/ohio](http://www.livantaqio.com/en/states/ohio); or our accrediting organization, Healthcare Facilities Accreditation Program at (312) 920-7383 or visit [hfap.org](http://hfap.org).

**A patient at MMH has the responsibility to:**

- Provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other health-related matters.
- Report unexpected changes in his or her condition to the responsible caregiver and/or physician.
- Request information or additional clarification on his or her health status and proposed course of action as it relates to treatment.
- Inform their physician and other caregivers if he/she anticipates problems in following prescribed treatment.
- Communicate any pain that he or she is experiencing to the medical provider.
- Take an active role in the safe delivery of their care.
- Follow the treatment plan recommended by the physician primarily responsible for his or her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the physician's orders and enforce the applicable hospital rules and regulations.
- Keep appointments and notify the physician or hospital when unable to do so.
- Be responsible for his or her actions if treatment is refused or if a physician's instructions are not followed.
- Assure that the financial obligations of his or her health care are fulfilled as promptly as possible.
- Follow MMH's and SGH's rules and regulations, including the smoking policy, the personal electrical devices policy and the visitation policy.
- The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noises, smoking and the number of visitors. The patient also is responsible for being respectful of the property of other people and of the hospital.
- Patients and their families must report perceived risks in their care and unexpected changes in their condition.

# MY RIGHTS & RESPONSIBILITIES

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## ADVANCE DIRECTIVES

### Glossary of Terms for Advanced Directives

**Patient Self Determination:** The right of competent adults to make their own medical treatment decisions, including the right to complete advance directives that indicate how and/or by whom decisions should be made in the event that the person becomes incapacitated and unable to make his or her own decision.

**Advance Directive:** A written statement of instructions – either a Living Will or Durable Power of Attorney for Health Care in Ohio – which designates a patient’s wishes in the event of incapacity.

**Living Will:** A legal document, which specifies the kinds of life-saving and life-sustaining care a person does or does not want in the event of a terminal illness or a permanently unconscious state.

**Durable Power of Attorney for Health Care:** A legal document giving an individual the power to make health care decisions for another when he or she is unable to do so.

**Terminal Condition:** An incurable condition caused by injury, disease or illness which – in the judgment of the attending physician and a second physician – would result in death within a short time.

**Permanently Unconscious State:** A state of permanent unconsciousness shown by: 1) a lack of awareness of self and the environment, and 2) the patient having no capacity to experience pain or suffering. Two physicians must certify this state exists.

**Life-Sustaining Treatments:** Any medical procedure, treatment, or other measure that, when administered, will serve mostly to prolong the process of dying.

**Artificial Nutrition and Hydration:** Food or fluid given through a tube in the nose or stomach or an intravenous infusion.

**Cardiopulmonary Resuscitation (CPR):** Chest compressions, drugs, electrical shocks, and artificial breathing used to revive a person.

### *Our patients at Marietta Memorial Hospital have the right to:*

Making decisions about health care in a crisis or leaving those decisions to others are difficult situations that do not need to happen. As a competent adult, you have the right to make decisions about your own health care.

It is possible to give directions about your health care through one of two documents called “Advance Directives”. These documents – a Living Will and Durable Power of Attorney for Health Care – tell your physician and family what health care you would like to receive when you no longer can actively participate in those decisions.

The following information was prepared to help you understand more fully advance directives. At no time will your care be affected if you do not choose to prepare one. Copies of the Ohio Living Will and Durable Power of Attorney for Health Care are available should you choose to use one. Please ask the nursing staff if you would like someone with whom to discuss questions or concerns, and a hospital representative will see you.

## Living Will

### What is a Living Will?

A living will is a legal document that explains your wishes concerning life-saving and life-sustaining treatment in the event you are permanently unconscious or terminally ill.

### **Who should consider having a Living Will?**

Everyone should consider having a living will. Each of us is at risk of becoming seriously ill and being unable to speak for ourselves. A living will allows you to make end-of-life decisions for yourself ahead of time.

### **When does a Living Will take effect?**

In Ohio, the living will becomes effective only when two doctors agree that you are in a permanently unconscious state with no reasonable hope of awakening or that you are suffering from an irreversible, incurable and untreatable condition with no hope of recovery.

### **Who can make a Living Will?**

Anyone 18 years of age or older and of sound mind can make a Living Will.

### **How can I make a Living Will?**

Read the Ohio Living Will form and instructions. If it reflects your wishes, sign and date it in front of two witnesses or a notary public. Witnesses cannot be related by blood, marriage or adoption, nor can it be witnessed by your attending physician or the administrator of a nursing home in which you reside. If you want to have artificial nutrition and/or hydration (a feeding tube and/or IV) withheld or withdrawn if you are in a permanently unconscious state, the Living Will must be separately signed or initialed to show that.

### **What should I do with my Living Will?**

1. Talk with your doctor and family about it.
2. Give copies of the living will to your doctor and family members.
3. Bring a copy of the living will to the hospital when you are admitted so that it can be included in your medical record.
4. Consider putting a note in your wallet stating you have a living will and telling its location.

### **Can I change my Living Will?**

You may change your living will at any time. If you change it, notify your doctor and family, providing them with a revised copy. Destroy the original one and its copies.

## **Durable Power of Attorney for Health Care**

### **What is a Durable Power of Attorney for Health Care?**

A Durable Power of Attorney for Health Care (DPAHC) is a legal document which allows you to name someone to make health care decisions for you when you cannot do so for yourself. The person named can only make decisions about health care and will have no control of property and business affairs.

### **How is the DPAHC different from the Living Will?**

The living will allows you to make end-of-life decisions for yourself. The DPAHC allows you to appoint someone to speak for you on health care decisions when you are unable to make these decisions. Your representative can make decisions if you cannot, even when your condition is not terminal or death imminent. The decisions must be consistent with your expressed wishes.

### **How do I fill out a DPAHC form?**

Read all of the instructions carefully and fill in all the requested information. If you want to give your representative the authority to withhold nutrition and/or hydration (a feeding tube and/or IV) should you become permanently un-

## MY RIGHTS & RESPONSIBILITIES

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adoption, your attending physician, the designated proxy, or the administrator of a nursing home in which you reside.

### **Who determines if I am unable to make my own health care decisions?**

Your attending physician must decide that you are unable to make health care decisions for yourself. Once it is decided, your representative then speaks for you.

### **Who should I choose as my representative?**

The person you name as your representative must be at least 18 years old. This person should be someone you trust and who understands your beliefs and values. The law does not permit your attending physician to be your representative. In addition, an employee of your physician or an employee of the hospital giving direct care may not be your representative unless related to you.

### **Where should I keep the document after I sign it?**

A copy should be given to the person chosen as your representative. Copies should be given to your doctor and family members. A copy should be brought to the hospital when you are admitted.

### **Can I change my representative?**

Yes. You can destroy the DPAHC form and fill out a new one changing your representative. Give copies of the new one to your representative, doctor and family.

### **Where can I get the forms for Living Will and Durable Power of Attorney?**

Forms for Living Will and Durable Power of Attorney for Health Care are available through the nursing staff or social services.

## **Do Not Resuscitate (DNR) Comfort Care: The Facts**

**Cardiopulmonary Resuscitation (CPR) is a life-saver, but some people may not want it to be administered in certain cases.**

**CPR has a broad meaning. It includes any or all of the following:**

- Administration of chest compressions
- Insertion of an artificial airway
- Administration of resuscitation drugs
- Defibrillation or cardioversion
- Provision of respiratory assistance
- Initiation of a resuscitative intravenous line
- Initiation of cardiac monitoring

In some cases, CPR saves lives. In other cases, it is not effective. A person who is revived can be left with permanent or painful injury. Resuscitation also can include other treatment, such as drugs, tubes and electric shock. People with terminal illnesses or other serious medical conditions may prefer to focus on comfort care at the end of life rather than receiving CPR when the time comes. For more information about the pros and cons of CPR and whether it is right for you, ask your physician.



### **It is easy to make your wishes about CPR known.**

If you want to receive CPR when appropriate, you do not need to do anything. Health care providers are required to perform CPR when necessary. If you do not want CPR, you should discuss your wishes with your physician and ask your physician to write a DNR Order. If your physician agrees that you should not get CPR, he or she can fill out the required form to make your wishes known in case of an emergency.

### **Even if you are healthy now, you might want to state that you do not want to receive CPR if you ever become terminally ill.**

Ohio has a standard Living Will Declaration form. This form specifically allows you to direct your physician not to administer life-sustaining treatments, including CPR, and to issue a DNR Order if two physicians have agreed that you are either terminally ill or permanently unconscious.

### **DNR Comfort Care does not mean “Do Not Treat.”**

The DNR Comfort Care protocol is very specific in terms of what treatment is to be given and what treatment is to be withheld. Only those items listed on the “will not” list are to be withheld. The items listed on the “will” list, along with any other treatment that may be needed for the patient’s condition, may be provided as appropriate.

### **DNR Orders may be revoked.**

You always have the right to change your mind and request CPR. If you do change your mind, you should speak with your physician right away about revoking your DNR Order. You also should tell your family and caregivers about your decision and throw away any DNR identification items you might have.

If you have a DNR Order or identification, your family cannot demand that CPR be provided.

You have the right to make your own decisions about your health care. You should make sure your family knows your desires about CPR.

# MY RIGHTS & RESPONSIBILITIES

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## Organ Donation

### What is organ donation?

Organ donation is the gift by one person, the donor, of a vital organ or tissue to another person who needs an organ to sustain life or to sustain some vital function. The gift of the organ or tissue is made after the donor's death. The organ or tissue then is removed from the donor and "transplanted" to the recipient of the gift. You may make this gift by deciding now that when you die you would like to become an organ donor, by signing an organ donation card and notifying your doctor and family of your decision.

### Who can be a donor?

Anyone of any age may be a donor. If you donate your organs or tissues, a transplant team will evaluate your medical suitability after your death. A person younger than 18 may become a donor if a parent or legal guardian witnesses the signing of their card.

### Is there any conflict between saving my life and using my organ/tissues for transplantation?

No. Donation is considered only after all efforts to save your life have been exhausted and death has occurred. The transplant team has no involvement prior to your death, and is called in only after death has been declared.

### Is there any charge to my family for organ/tissue donation?

No. There is no charge or payment for organ/tissues used in transplantation.

### Who will receive my vital organs?

Donated vital organs will be transplanted into those individuals who need them most urgently. Recipient selection is based on medical criteria such as blood type, the results of tissue typing procedures and body sizing. Social and financial status is never a factor in selecting recipients.

### Where can I get further information about organ donation?

Visit [lifelineofohio.org](http://lifelineofohio.org)

Visit or contact: Lifeline of Ohio Organ Procurement (LOOP) directly at:

770 Kinnear Road, Suite 200

Columbus, OH 43212

1 (800) 525-5667



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# MY DIAGNOSIS & QUESTIONS







## QUESTIONS FOR MY PRIMARY CARE PROVIDER

[illegible]

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# MY DISCHARGE

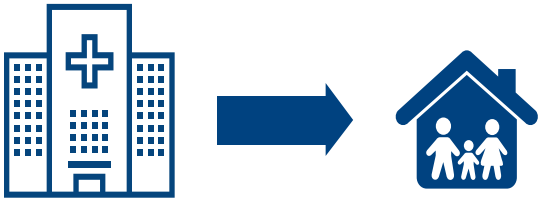






## MY DISCHARGE

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Our care coordinators will help you make arrangements for post-hospital care. Our goal is to get you home as happy and healthy as possible. If you have questions, please refer to the numbers below.

**Service Improvement Coordinator: (740) 568-2818**

**Discharge Planning: (740) 568-2061**

Selby General Hospital is required by law to distribute the following notice to all Medicare patients:

*An Important Message from Medicare –*

Your rights while you are a Medicare hospital patient:

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by “Diagnosis Related Groups” (DRGs) or Medicare payments.
- You have the right to be fully informed about decisions affecting Medicare coverage payment for your hospital stay and for any post-hospital services.

You have the right to request a review by a Quality Improvement Organization (QIO) of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. QIO’s are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness and quality of hospital care furnished to Medicare patients. The address of the QIO for your area is: Livanta, 10820 Guildford Rd #202, Annapolis Junction, MD 20701. You may also contact the QIO using the toll free number at (888) 524-9900 or visit [qqq.livantaqio.com/en/states/ohio](http://qqq.livantaqio.com/en/states/ohio).

### **Hospital Discharge Planning Services**

**What is discharge planning?** Discharge planning is a process used to select an appropriate post-hospital destination and identify the services, equipment, and all other needs that are required for a smooth and safe transition from the hospital to your next level of care. When you are admitted to the hospital, a qualified individual, such as a Registered Nurse or Social Worker assesses your discharge planning needs to determine if you would benefit from a discharge planning evaluation. **What is a discharge planning evaluation?** A discharge planning evaluation assesses for post-hospital needs, which may include: what care and services you may need after you leave the hospital; whether or not you can go home after discharge, or if you need to go to another health care setting such as a skilled nursing facility, rehabilitation hospital, or an assisted living facility; what equipment or supplies you may need after your discharge from the hospital, identifying any resources that are available to help you manage your illness and facilitate your recovery after your discharge from the hospital. **Can I request a discharge planning evaluation?** Yes, if you or your representative would like to request a discharge planning evaluation, please contact (740) 374-1492, and a qualified individual will work with you and your representative (as appropriate) on a discharge evaluation.

### **What if I am not ready to be discharged?**

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, or for continued or post-hospital care, don’t hesitate to ask your doctor. Our hospital’s service improvement coordinator or social worker will help you with your questions and concerns about hospital services.

If you think you are being asked to leave the hospital too soon, ask hospital representatives for a written notice of explanation immediately, if you have not already received one. This notice is called a “Notice of Noncoverage.” You must have this “Notice of Noncoverage” if you wish to exercise your right to request a review by the QIO.

- The Notice of Noncoverage states either your doctor or QIO agrees with the hospital’s decision that Medicare will no longer pay for your hospital care.
- If the hospital and your doctor agree, the QIO does not review your case before a Notice of Noncoverage is issued. But the QIO will respond to your request for a review of your Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the QIO makes its decision if you request the review by noon of the first work day after you receive the Notice of Noncoverage.
- If the hospital and your doctor disagree, the hospital may request the QIO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation, the QIO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the QIO reconsider your case after you receive a Notice of Noncoverage, but since the QIO has already reviewed your case once, you may have to pay for at least one day of hospital care before the QIO completes this reconsideration.
- If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the Notice of Noncoverage. The hospital, however, cannot charge you for care unless it provides you with a Notice of Noncoverage.

### **How to request a review of the Notice of Noncoverage**

If the Notice of Noncoverage states your physician agrees with the hospital’s decision:

- You must make your request for review to the QIO by noon of the first work day after you receive the Notice of Noncoverage by contacting the QIO by telephone or in writing.
- The QIO must ask for your views about your case before making its decision. The QIO will inform you by telephone or in writing of its decision on the review.
- If the QIO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day after your receive the QIO’s decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the QIO’s decision.

If Notice of Noncoverage states the QIO agrees with the hospital’s decision:

- You should make a request for reconsideration to the QIO immediately upon receipt of Notice of Noncoverage by contacting the QIO by telephone or in writing.
- The QIO can take up to three working days from receipt of request to complete the review. The QIO will inform you in writing of its decision on the review.
- Since the QIO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage even if the QIO has not completed its review.
- Thus, if the QIO continues to agree with the Notice of Noncoverage, you may have to pay for at least one day of hospital care.
- NOTE: The process described above is called “immediate review.” If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare’s decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.



CONTACT CENTER FOLLOW-UP  
& APPOINTMENT SCHEDULING

Our Contact Center schedules most follow-up appointments with your primary care provider prior to your discharge. You'll receive an appointment card with information.

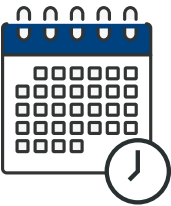
If you've been a patient in the hospital or had an outpatient procedure, you will receive a follow-up call within 24 to 48 hours from one of our contact center nurses to check your progress. We want to ensure you are doing well and don't have any questions. During the call, they'll review how you're feeling, schedule any necessary follow-up care, provide clinical resources, ensure you have everything you need, and gather feedback from your visit.



24 HOUR NURSE LINE

You can reach our nurse line 24 hours a day, seven days a week for the health of you and your family. Simply call (844) 474-6522 or your provider's main line before or after hours on weekdays and 24 hours daily on weekends and holidays. We are here to assist you when you need it most.

**Please note:** if it's a true emergency or potentially life threatening, please call 911 immediately.



Additional follow-up dates & notes:



## Kroger Pharmacy at Marietta Memorial Hospital

Located on the first floor walkway of Marietta Memorial Hospital and open to the public.

Monday - Friday; 8 a.m. - 6 p.m.

(740) 434-0140

## Meds to Beds Program

We want to make it easier for you to get your prescription and get home to rest. We now offer the opportunity for our care team to coordinate your provider's orders for medication, fill them at our on-site Kroger pharmacy, and bring them to your room personally by our pharmacy staff before you leave the hospital. We'll verify that the medication you'll take at home is the correct dose, answer any questions you may have, and scheduled at the right time. This service will save you time and avoid unnecessary stops on the way home from the hospital.

There is no extra cost for this service; the cost is the same as at your normal retail pharmacy.

Kroger accepts a majority of prescription insurance plans and directly bills your prescription to your insurance provider. You are only responsible for the copayment required by your insurance.

**Let your nurse know you want to participate in Meds to Beds!**



## Billing

As a courtesy, the hospital will file a claim with your insurance company based on the insurance information you provide. However, payment for services is your responsibility and we encourage you to see that your insurance company makes timely payments on your behalf.

Your bill includes charges for all hospital services you received while you were a patient at Marietta Memorial Hospital. It does not include professional fees for your provider, anesthesiologist, radiologist, or other specialists. You will be billed separately by these individuals.

## MY DISCHARGE

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### Billing Department

Monday - Friday; 8 a.m. - 4 p.m.  
(740) 374-1413

You may also access your account and pay online by going to [mhsystem.org](http://mhsystem.org) and clicking "Pay My Bill."

Our cashier's office is located on the first floor walkway pf Marietta Memorial Hospital.  
Monday - Friday; 8 a.m. - 4:30 p.m.



### Financial Counselors

Financial counselors are available from 8 a.m. - 4:30 p.m., Monday - Friday to answer all of your financial questions.  
Call (740) 374-1673 to speak with a counselor.



### Electronic Health Record

View your electronic health record and manage your healthcare online with myMemorialChart or on your mobile device with the MHealth app. Ask your healthcare provider or visit **[mhsystem/mymemorialchart](http://mhsystem.org/mymemorialchart)** to find out how you can sign up.

**Username:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**As part of our commitment to provide patients the best customer service experience, we are excited to provide statement design that is easy to read and clearly identifies:**

- Facility or physician changes
- Location where service was provided
- Patient that received services
- Amount due
- Payments and adjustments posted by visit
- Balance by visit
- Options of how to pay your bill
- What you can do next

As seen in the example of the new statement, we have included several pieces of information that will make it easier for the patient and family to understand. These pieces of information include:

1. **Guarantor name** – Name of person who is responsible for the bill.
2. **Statement number** – The account number assigned to the person responsible for the bill.
3. **Statement date** – The date the bill was generated.
4. **Payment due** – The amount owed that reflects total charges minus any payment you and/or your insurance company made and was posted to your account as of the statement date. Any payments made after your statement date will not be reflected in the current balance due.
5. **Payment options** – These are the payment options that are available to you.
6. **Change of information** – Check this box to provide an updated address or insurance information. See the reverse side of the bottom portion of your statement to provide the detail of any updates.
7. **Credit card payment** – If you are paying by credit card, use this area to fill in the type of credit card, card number, signature code (also known as a security code), amount you are paying, signature, and expiration date. We accept Mastercard, Discover, and Visa.
8. **Due date** – This is the date payment is due by. If you are unable to pay in full by this date, call customer service at (740) 374-1413 for payment options.
9. **Show amount paid here** – Write the amount you are paying toward this bill.
10. **Make checks payable and send to** – The provider name and address where payments should be sent.
11. **Pay online** – This is the web site to make your electronic payment.

## Billing Statement Layout


**MEMORIAL  
HEALTH SYSTEM**

**PAY THIS AMOUNT**  
**\$483.85**

**3** STATEMENT  
07/20/18

**1** GUARANTEE  
William Fox

**2** STATEMENT NO.  
0000000000

**4** DATE  
08/18/18

### Your Account Status

We have billed your insurance and the remaining balance is your responsibility.



### What is your next step?

Make payment in full.

**5** **PAY IN FULL**  
 Pay online at [www.mhssystem.org](http://www.mhssystem.org), by phone 740-374-1413, or by mail with the coupon below.


**PAYMENT PLANS**  
 If you are unable to pay your bill in full or you would like to add an open account to a current payment plan, please contact us at 740-374-1413.


**FINANCIAL ASSISTANCE**  
 Financial assistance may be available. Please refer to the Financial Assistance application enclosed. Please call 740-568-5263 for additional information or visit our website at [www.mhssystem.org](http://www.mhssystem.org) to view the Hospital financial assistance policy and application.

Please Call:  
 740-374-1413  
 Monday-Friday  
 8:00am-4:00pm EST  
 And our extended  
 Business Office Call:  
 855-249-3028  
 Monday-Friday  
 8:00am-6:00pm EST  
 Or send us an email:  
[BillingQuestions@mhssystem.org](mailto:BillingQuestions@mhssystem.org)

[detailed summary on next page >](#)

Detach this coupon and return with your payment.


**MEMORIAL  
HEALTH SYSTEM**

401 MATTHEW ST.  
 MARIETTA, OH 45750-1699

**11** **PAY ONLINE AT [WWW.MHSSYSTEM.ORG](http://WWW.MHSSYSTEM.ORG)**



 WILLIAM FOX  
 123 MAIN STREET  
 ANYTOWN, OH 12345-1234

☐ Check if address/insurance changes are on back.

**7** **IF PAYING BY CREDIT/DEBIT CARD**  
☐ VISA ☐ MASTERCARD ☐ DISCOVER  
 CARD NUMBER SECURITY CODE EXP DATE  
 SIGNATURE

**8**

STATEMENT DATE	STATEMENT NO.	DUE DATE
07/20/18	00000000	08/18/18

**9**

PAY THIS AMOUNT	SHOW AMOUNT PAID
<b>\$483.85</b>	

**10** **MAKE CHECKS PAYABLE TO:**  

 MARIETTA MEMORIAL HOSPITAL  
 PO BOX 530  
 MARIETTA, OH 45750



## Financial Assistance Program

Memorial Health System (MHS) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted emergency or other medically necessary healthcare services provided by MHS. MHS includes Marietta Memorial and Selby General Hospitals and affiliated providers and will be referred to as “MHS” in this policy. Patients seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** - Emergency or other medically necessary healthcare services provided by MHS and billed by MHS. This FAP only applies to services billed by MHS, Medac (anesthesia), Riverside Radiology (imaging), and Professional Billing Services (lab). Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible under this FAP.

**Eligible Patients** - Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by MHS.

**How to Apply** – The FAP and Application Form may be obtained/completed/submitted as follows:

- Applications are available at both hospitals; please see Main Registration or Financial Counseling.
- Requested application/policy can be mailed to you by calling a financial counselor at (740) 568-5263.
- Download the application/policy from the MHS website at: [www.mhsystem.org](http://www.mhsystem.org)
- Mail completed applications (with all documentation/information specified in the application instructions to: Marietta Memorial Hospital, Financial Advocate, 401 Matthew Street, Marietta Ohio 45750.
- Please contact a financial counselor at any of the above for assistance in completing the application or if translation of these documents are needed in another language.

**Determination of Financial Assistance Eligibility** – Financial assistance is generally determined by a sliding scale of total household income based on the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance levels, based solely on Family Income and FPG, are:

**Family Income at 0 to 200% of FPG** - Full Financial Assistance; \$0 is billable to the patient depending on family size. Partial Financial Assistance - AGB is maximum billable to the patient up to 200% of FPG depending on family size.

Other criteria beyond FPG may also be considered, which may result in exceptions to the preceding. If no family income is reported, information will be required as to how daily needs are met. The MHS financial counselors review submitted applications and determine Financial Assistance Eligibility in accordance with MHS’s Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information as requested. MHS can assist in establishing a payment plan for any remaining charges or bills that are not covered under the FAP.

Hospital Care Assurance Program (HCAP) and Financial Assistance

Memorial Health System will provide, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not recipients of the Medicaid program and whose income is at or below the federal income guidelines. For more information concerning the Hospital Care Assurance Program and a list of the federal income guidelines, please call (740) 568-5263 for further assistance.

<u>Size of Family</u>	<u>Poverty Guideline</u>
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
9	\$51,120
10	\$55,440

*\* Based on 2019 Federal Poverty Level Guidelines*

Patients who do not qualify under HCAP may be eligible for some assistance under the Memorial Health System’s financial aid program. Eligibility for financial assistance is determined by the ability of the patient or their guarantor to pay after all available resources have been utilized. Financial assistance is generally determined by a sliding scale of total household income and family size based on the federal poverty income guidelines.

Patients are not required to be a resident of Ohio for consideration.

For more information please call customer service at (740) 568-5263 or visit our website at: [mhsystem.org/financialassistance](http://mhsystem.org/financialassistance) to view the financial assistance policy and application.

## My Discharge Planning Checklist

Use this checklist as a way to manage your healthcare by preparing for your discharge. Ask yourself these questions. If you do not know the answers, talk with your care team to get the information you need.

### My Medicines

- ☐ Did someone review Meds-to-Beds with you during your stay? This is our onsite Kroger pharmacy for medications you may be prescribed upon discharge.
- ☐ Do I know what my medicines are for, where to get them, and how to take them?
- ☐ Do I know what side effects might be caused by my medicines and what to do if they happen?
- ☐ Do I keep taking the medicines, vitamins, or supplements I took before I was admitted?

### My Follow-Up Plan

- ☐ Where will I go when I leave the hospital? Will I go home or to a nursing or rehabilitation facility? How will I get there?
- ☐ Do I have a family member or friend who can listen to my discharge instructions and help with my care, if needed?
- ☐ Do I or my family have any questions or concerns about my discharge plan? If the answer is yes, please discuss them with your provider or nurse BEFORE you leave the hospital.
- ☐ When do I see my provider for a follow-up visit? Where do I go?
- ☐ Do I have the names and phone numbers for my provider? Do I have the phone number for the nurse line to contact if I have any questions or concerns once I go home?
- ☐ Do I need home health care or medical equipment, like a walker? If so, how will I get it and when?
- ☐ Do I need special care at home, such as changing a bandage. If so, did my caregiver or I learn how to give this care and ask who to call if we have questions?
- ☐ Do I need to be on a special diet at home? Are there things I should not eat or drink?
- ☐ Do I need to limit any activities such as lifting, having sexual intercourse, or driving? If so, for how long?
- ☐ Do I know what problems to look for and who to call if I have them? Do I have their phone number?
- ☐ Did I tell my providers and nurses what help I need after I leave?
- ☐ Do I understand my discharge papers?

### My Support

- ☐ If I have concerns about understanding and dealing with my illness, did I ask to talk with a social worker or spiritual care provider?
- ☐ If I am going home, who will help me with running errands, cleaning, and meals?
- ☐ If I have concerns about paying for my medical bills or medicines, did I ask to talk with a social worker or financial counselor?

My Notes: \_\_\_\_\_

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