



BRETT SCHIFFMAN, MD
ORTHOPEDIC HAND & UPPER EXTREMITY SURGEON

Preoperative Instructions

Dr. Schiffman's office, (Roxane Fanella, Surgery Scheduling, 847.285.4381), will contact you within 2 business days to schedule your procedure. She will discuss with you dates for the procedure at this time. If you do not receive a call within 2 days, please call to inquire at the number listed above.

The Hospital or Surgery Center (locations listed below) will contact you ONE DAY prior to surgery with your confirmed surgery time as well as time for arrival.

Schaumburg Surgery Center (SSC)
929 W. Higgins Rd Schaumburg, IL 60195
2nd Floor

847-285-4350

Northwest Community Hospital Day Surgery Center
800 W. Central Road, Arlington Heights

847-618-1000

Medications you may be taking:

- If you are taking an anti-inflammatory or aspirin, it is recommended (if you are able) to stop them SEVEN days prior to surgery, except for Celebrex which you may continue to take.
- If deemed safe by your Internist or Cardiologist, it is recommended that you discontinue blood thinner medications prior to surgery (Coumadin, Plavix, aspirin, etc.) unless instructed otherwise.

Prior to Surgery:

- **For any procedures requiring Anesthesia and sedation, DO NOT eat or drink anything after midnight the night before your surgery.** This includes coffee, tea, gum, candy, mints, cough drops, etc. Failure to do so may result in a delay or cancellation of your surgery.
- If you take daily medications for high blood pressure or other medical conditions, you may and should take these early on the morning of surgery with a SMALL sip of water.
- Make sure you have called the facility to pre-register if required.
- If your procedure is being done under LOCAL anesthesia alone, these restrictions are not mandatory.

Schaumburg Office
929 West Higgins Road
Schaumburg, IL. 60195

Elk Grove Village Office
120 East Higgins Road
Elk Grove Village, IL. 60007

Bartlett Office
864 West Stearns Road
Bartlett, IL. 60103

Buffalo Grove Office
404 North McHenry Road
Buffalo Grove, IL. 60089

Main 847.285.4200
Direct 847.285.4331
www.BarringtonOrtho.com



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Orthopedic Specialists
Specializing in You

Postoperative Prescriptions:

- All prescriptions will be given prior to or at the time of surgery. Depending on your surgery type, these may include antibiotics (Cephalexin, Clindamycin), anti-nausea medication (Zofran, Compazine), or pain medication (Tramadol, Naproxen).

Day of Surgery:

- **You cannot drive yourself home from surgery.** The exception would be if your surgery is being done under local anesthesia only. Please arrange for someone over the age of 18 to take you home.
- If the patient is a minor (under the age of 18), he or she must be accompanied by a parent or legal guardian.

Postoperative Appointments:

- Depending on your surgery type, you may be notified by our office to schedule an initial postoperative visit in 3-5 days with our Hand therapists. The purpose of this visit is to perform your first dressing change with you, provide you instruction on dressing changes, incision care, and home exercises.
- Your first postoperative orthopedic appointment will be 10-14 days from the day of surgery. **Please schedule this appointment prior to surgery.**
- **If you have any questions, please call Dr. Schiffman's team at 847-285-4315.**



Surgical Deposit Policy

It is very important to us that all our patients fully understand their financial obligations, along with our payment policies prior to undergoing surgery or a procedure with Barrington Orthopedic Specialists, Ltd.

When you schedule surgery, we must reserve time in the operating room at the chosen facility. We ask that you be definite about your desire for surgery, and certain you have the funds available before scheduling your surgery.

1. Scheduling: you will receive a call from the clinical surgical coordinator and placed on the physician's surgical schedule.
2. Once scheduled our pre-certification team will start the process of obtaining your insurance benefits and start the prior authorization process with your insurance plan.
3. If it is determined that you have an outstanding deductible and/or coinsurance remaining, you will be contacted by our customer service team to discuss your estimated financial responsibility for your upcoming surgery and to collect a deposit to hold your surgery date. It is important to remember that this is an estimate, and while we will do our best to give you the most accurate number, there are many variables which could change the estimate amount. Please note facility and anesthesia charges will be billed separately by the facility.
4. In order to keep your surgery time you will be required to pay your surgery deposit no less than three days prior to your scheduled surgery date. Failure to pay may result in your surgery being rescheduled.
5. Any remaining balance is due in full upon receipt of your statement.

For questions, please contact our customer service department at: **847-285-4230**

*****Please note a quote of benefits and/or authorization does not guarantee payment or eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of your insurance contract at the time of service.**