

Your anesthesiologist is a physician specialist like your surgeon or internist, and you will likely receive a bill for professional anesthesiology services. Your hospital bill may also include separate charges for medications and equipment used by your anesthesiologist. You or your surgeon may also request pain management services from an anesthesiologist pain management specialist, or you may receive care by an anesthesiologist for critical care or for a consultation. Any of the services provided by an anesthesiologist may result in a separate bill.

Participation With Insurance

Although anesthesiologists at the Mount Sinai Health System participate with many managed care organizations, they do not participate with all carriers. We encourage you to be aware of the specifics of your own policy and to contact us at **412-937-5760** or **800-627-4470** if you have questions.

Some plans may require that you pay a deductible and/or co-payment. Some health plans use smaller networks for certain products they offer so it is important to check whether we participate in the specific plan you are covered by. Our staff at the above numbers will tell you if we do not participate in all of a health plan's product.

For Self-Pay, Out-of-Network, and Non-Covered Services

If you do not have insurance or are covered by a carrier we do not participate with, you are responsible for 100% of our charges unless you qualify for hardship. Any care considered "non-covered" by your insurance plan, for example, cosmetic surgery, will require payment in full.

If you would like an estimate of anesthesiology charges, please contact us at **412-937-5760** or **800-627-4470**. We will need to know the name of your surgeon and the type of operation planned. If you contact us several days (preferably 7-10 days) in advance of surgery, we may be able to determine to what extent your plan will cover your anesthesiology charges and what your out-of-pocket expenses will be, if any. In certain circumstances, we may be able to make special arrangements to reduce out-of-pocket expenses with out-of-network insurance carriers, but only when we work on this in advance of surgery.

Filing of Insurance Claims

If complete information has been provided to us, we will submit claims directly to both primary and secondary insurance carriers as a courtesy to you. Otherwise, doing so will be your responsibility.

Patients With Financial Hardship

Mount Sinai Health System has a policy to assist patients who face undue financial hardship. To qualify for discounts, you must supply the requested documentation regarding your financial situation.

Portions of the above are based on "Anesthesia and You" (©1994) by the American Society of Anesthesiologists. A copy of the full text may be obtained from: ASA, 520 N. Northwest Highway, Park Ridge, IL 60068-2573. (www.asahq.org)



Mount Sinai

Contact Numbers	The Mount Sinai Hospital	Mount Sinai Queens	Mount Sinai Roosevelt	Mount Sinai St. Luke's
Main Switchboard	212-241-6500	718-932-1000	212-523-4000	212-523-4000
Non-Emergency Medical Questions <small>(Ask to speak with the anesthesia clinical coordinator)</small>	212-241-7475	718-267-4214	212-523-6424	212-523-2274
Financial/Billing Questions:	412-937-5760 or 800-627-4470			
For More information, Visit	www.mountsinai.org	www.mshq.org	www.roosevelthospitalnyc.org www.stlukeshospitalnyc.org	

Financial/Billing Questions:

If you have an upcoming procedure involving anesthesia care & require an estimate of your charge or would like to confirm participation with your insurance plan please contact the Billing office at **800-627-4470**.

If you are an existing patient and have a question on your bill or would like to make a payment please contact the Billing office at **800-627-4470**.

If you would like to pay online please go to www.peryourhealth.com where you will be required to enter identifying information found on your billing statement to access your account.

What to Expect From Anesthesia



Mount Sinai

Anesthesiology and Safety

Anesthesiologists are physicians who, after graduating from college and medical school, have received a minimum of four years of training in the specialty of Anesthesiology.

Anesthesiologists provide anesthesia that enables surgery to be performed under optimal conditions. Before an operation, a review of the patient's history, clinical examination, and relevant lab results will be completed to ensure that chronic medical problems are well controlled and that anesthesia and the surgery can be safely performed. This information will be used to create an appropriate and specific anesthetic plan.

Anesthesia includes the use of medications and techniques, many of which have only become available in the last 25 years, to make surgery as safe and painless as possible, support bodily functions and treat any medical problems that may arise before, during and after surgery.

After surgery, analgesic medications and techniques will be used to help minimize pain and address any problems that arise in the Post Anesthesia Care Unit prior to discharge to a hospital bed or to home.

At the Mount Sinai Health System, anesthesiologists may care for a patient alone, or as leader of a care team either with a resident who is a doctor training to become an anesthesiologist, a certified registered nurse anesthetist, or a student registered nurse training to become a certified registered nurse anesthetist.

What Is the Best Kind of Anesthesia for My Procedure?

There are three main types of anesthesia: general, regional, and local. Each has many forms and uses, as well as different risks and benefits. Regardless of the type selected, your anesthesiologist carefully monitors, controls and treats your body's response during surgery.

Although in most cases there is no difference in overall safety among the three types of anesthesia, based on your medical conditions and surgery, your anesthesiologist will advise you of the preferred options.

General Anesthesia

With general anesthesia, you are unconscious and have no awareness or other sensations during this time. The depth of anesthesia is continuously and precisely adjusted as necessary. For some surgeries, once you are asleep a breathing tube may be inserted through your mouth into your windpipe to maintain adequate breathing. At the conclusion of surgery, your anesthesiologist will reverse the anesthesia process and you should regain complete awareness in the Post Anesthesia Care Unit.

Regional Anesthesia

With regional anesthesia, your anesthesiologist injects local anesthetic near a cluster of nerves to numb the region of your body on which surgery will be performed. You may choose to remain awake or you may be given a sedative.

There are several types of regional anesthesia. Two of the most common are spinal anesthesia and epidural anesthesia, both of which are achieved by an injection in the back. They are the preferred anesthesia for childbirth as well as surgery on the lower limbs. Other regional anesthesia techniques are available for surgery on the upper limbs and chest.

Local Anesthesia

With local anesthesia, the local anesthetic drug is injected into the surgical area tissue to numb only the site on your body where the surgery will be performed. Examples are minor surgery on the breast, skin, hand or foot.

Some surgeries can be performed using more than one anesthetic technique, in which case one technique of anesthesia may be preferred over another, depending on your medical and surgical circumstances. Your anesthesiologist will review your individual situation and discuss available options with you and your surgeon.

Who Will Be My Anesthesiologist?

Operating room schedules often have to accommodate emergency procedures and as a consequence are subject to change. It is therefore unlikely that you will meet the anesthesiologist who will care for you until the day of your surgery. If you have special concerns ahead of time, you may speak with your surgeon and/or contact one of our anesthesia clinical coordinators.

If your pre-operative testing is done at one of the Mount Sinai Health System hospitals, you will have the opportunity to meet a member of the Department of Anesthesiology, who will discuss your medical history with you, perform a physical exam, and tell you what to expect. You will also have the opportunity to ask any questions you may have.

Are Risks Involved in Having Anesthesia? How Serious Are They?

All operations and all types of anesthesia entail some risks that depend on many factors, including the nature of surgery and underlying medical conditions. Your anesthesiologist takes many precautions to prevent complications, and fortunately, adverse outcomes are rare. You should speak to your anesthesiologist about any issues about which you are especially concerned.

What Should I Do to Prepare for Anesthesia?

In some cases, you may be asked to undergo some pre-operative tests such as blood tests, x-rays, and an electrocardiogram. These will take place several days in advance of surgery and can be done at a Pre-Admission Testing facility if your surgeon's office schedules an appointment there for you.

For most procedures, you must have an empty stomach to minimize the chances of regurgitating any undigested food or liquids. Anesthetics may interfere with

normal reflexes that prevent food and drink from entering your lungs, so for your safety, fasting (no food or liquids) is important. Generally no solids should be eaten for at least 8 hours prior to the planned surgery. Your anesthesiologist and/or surgeon will give you specific instructions.

In addition you may be instructed to take certain medications with a small amount of water during your fasting time and it is important that you follow these instructions carefully. If you take any kind of blood thinning medication including *aspirin*, *clopidogrel (Plavix)*, *coumadin (Warfarin)*, *dabigatran (Pradaxa)*, and *rivaroxaban (Xarelto)* do not leave your anesthesiologist or surgeon's office without clear instruction on what to do about these medications.

Smoking and alcohol use increase the risk of surgery and anesthesia. It is crucial to discuss these habits as well as the use of all other substances including herbal products, marijuana, cocaine, methamphetamine, ephedra, etc. Stopping smoking for more than two weeks before surgery may significantly decrease the likelihood of complications.

If you are a smoker you should seek medical assistance if necessary to stop smoking as far in advance of surgery as possible. People are sometimes reluctant to discuss these things, but it is worth remembering that such discussions are entirely confidential, and that various privacy laws protect whatever your doctor writes about them in the medical record.

Your anesthesiologist's only interest in these subjects is in learning enough about your physical condition to provide you with the safest anesthesia possible. So, in this case, honesty is definitely the best policy, and the safest one.

Please understand that for your safety and clearest communication possible, nurses and doctors involved in your care may ask you many questions, sometimes over and over again. This helps us all make certain we are doing the correct operation, on the correct body part with the proper equipment and medications present.

In summary, anesthesiologists make surgery possible and safe. Your medical history, medications and habits are important factors in your care before, during and after surgery. Your surgeon and anesthesiologist will recommend several things to be done before your operation including necessary testing, when to stop eating and drinking, what medications to take and when, and to stop smoking. Before your operation, if you have any questions please do not hesitate to ask your anesthesiologist and surgeon.

Additional information about anesthesia is available from the American Society of Anesthesiologists websites:
www.asahq.org
www.lifelinetomodernmedicine.com