



Snowden River

SURGERY CENTER

WELCOME to the Snowden River Surgery Center. We look forward to meeting you and appreciate the opportunity to participate in your care.

We have included the following information in this folder. Please take some time to review.

Our Brochure - It contains information about what to expect on the day of your surgery. It also includes directions to our Center.

The Patient Bill of Rights - This document explains your rights and responsibilities as a patient of Snowden River Surgery Center.

Your Right to Decide - This document explains your rights according to Maryland law to make decisions about your health care.

Improving Patient Care - Our Center will provide you with the opportunity to tell us how your experience went while you were here. We do this by an online survey. Please help us by providing your email address to us when you check in on the day of your surgery. If you do not have online access or do not wish to provide us with your email address, we will be happy to provide you with a hard copy of the survey that you can mail in.

****Please note that a \$10.00 fee will be incurred on your surgery day. This covers the cost of your post op eye care kit which is not covered under any insurance. Payment is by cash, check, or credit card. Thank you.***