

Directions to River City Oral & Maxillofacial Surgery

5418 N Loop 1604 W
Suite 101
San Antonio, TX 78249

210-778-0002

info@RiverCityOMS.com
www.RiverCityOMS.com



We are located on the ground floor of the Cumberland Medical Office Building next door to Legent Hospital. Our building is a three story beige building that says “PAM Specialty Hospital” at the top. There is a sign in front of our building on the 1604 east-bound access road. Fresenius Kidney Care, a dialysis center, is also located in our building.

From I-10 north/west bound (coming from San Antonio): Exit 556B “Frontage Road” and stay on the frontage road to our building. You will go past Pappadeux and stay to the right as the frontage road curves around to 1604. Do not go under 1604 towards The Rim. Our building entrance is the first entrance after Interplace Rd.

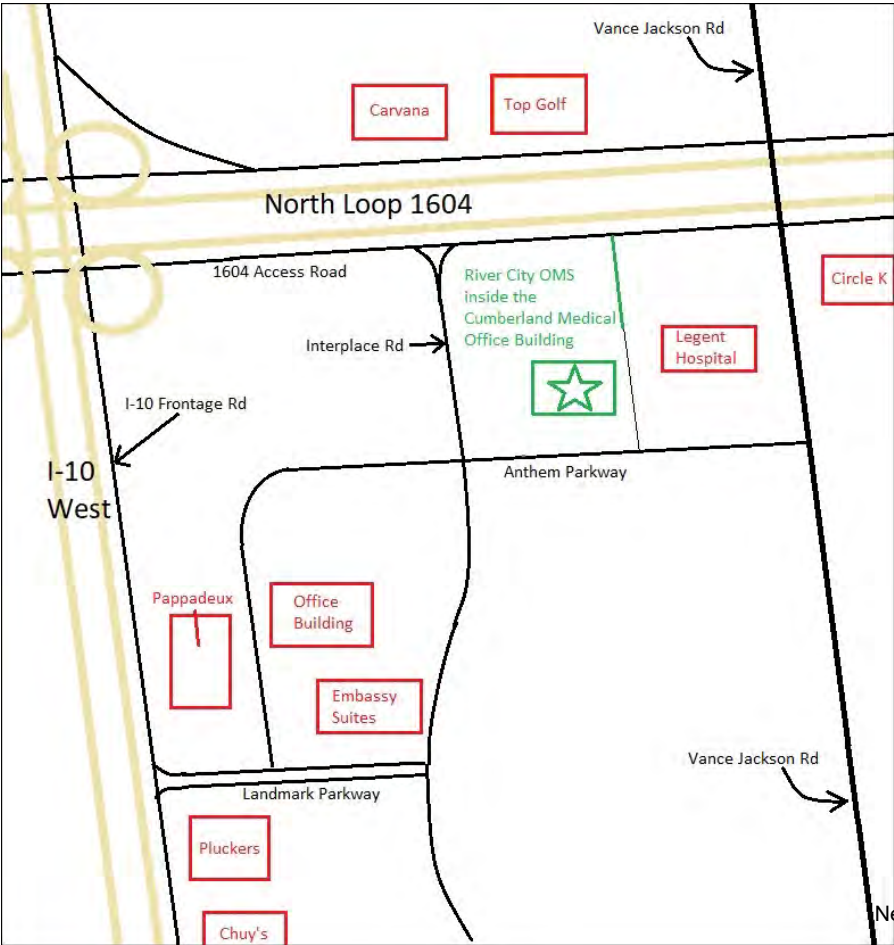
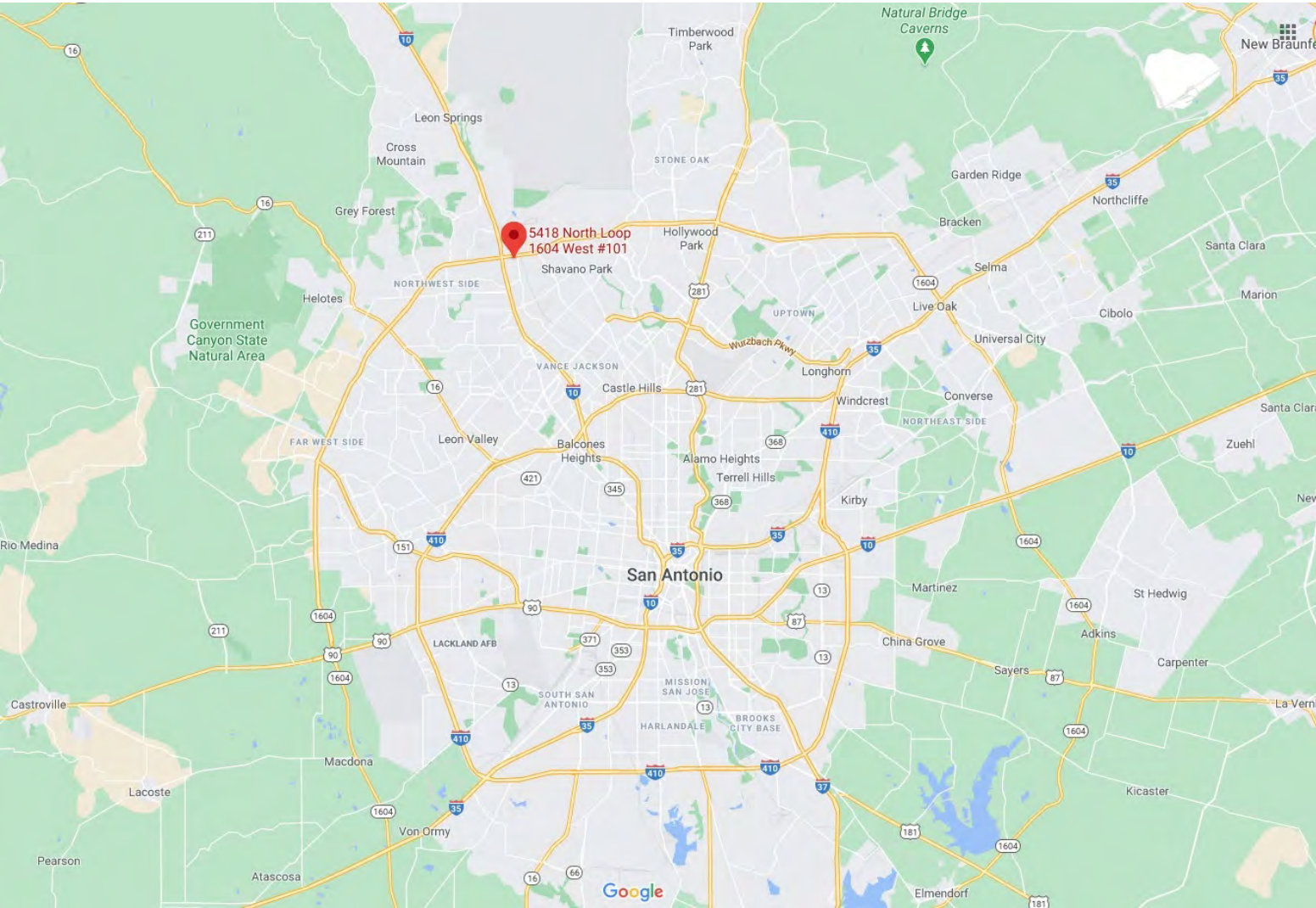
From I-10 south/east bound (coming from Leon Springs, Boerne, Comfort, etc): Exit 556B “Frontage Road”. When you come to the Olive Garden you will veer left to go under 1604. Turn left immediately after you go under 1604 onto the east-bound frontage road of 1604 and stay on the east-bound frontage road to our building. Our building entrance is the first entrance after Interplace Rd.

From 1604 east bound (coming from Alamo Ranch, Helotes, etc): Take the Vance Jackson Rd exit BEFORE you come to I-10. Stay on the 1604 east-bound frontage road and go under I-10. Our building entrance is the first entrance after Interplace Rd.

From 1604 west bound (coming from Stone Oak, Schertz, Converse, New Braunfels, etc): Take the Lockhill Selma, Tradesman, Vance Jackson Rd exit just past Discount Tire. Stay on the west-bound 1604 frontage road until Vance Jackson. Turn left on Vance Jackson. Follow the signs for the Emergency entrance to Cumberland Hospital by turning right on the road behind Cumberland Hospital. Our building is the three story medical office building immediately after Cumberland Hospital. The entrance is in the front facing 1604.

From west of San Antonio (coming from Castroville, Hondo, Uvalde, Del Rio, etc): Take Hwy 90 east to Loop 1604. Go north on 1604 around San Antonio, past Hwy 151 and Bandera road, towards I-10 West. Take the Vance Jackson Rd exit BEFORE you come to I-10. Stay on the 1604 east-bound frontage road and go under I-10. Our building entrance is the first entrance after Interplace Rd.

If you are coming from out of town and **need help with overnight accommodations** our staff would be glad to assist you. Just give us a call! There are several hotels very near our office. We can also help with airport transportation. While you are in San Antonio enjoy our nearby attractions such as the Shops at La Cantera, The Rim, and Six Flags Theme Park.





River City

PATIENT INFORMATION

Oral & Maxillofacial Surgery

Today's Date: _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Primary Phone Number: _____ ☐ mobile ☐ home ☐ work

Alternate Phone Number: _____ ☐ mobile ☐ home ☐ work

Occupation: _____ Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Unencrypted email is usually easier to open but more vulnerable to hackers. The emails you send and receive everyday are probably all unencrypted. Will you allow us to send unencrypted private medical & billing information to this email address? ☐ yes ☐ no You may notify us of a change at any time.

General Dentist: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Who referred you or how did you find us? _____

HIPAA privacy law allows River City Oral & Maxillofacial Surgery (RCOMS), Dr. Mark Haverkorn, and RCOMS employees to discuss your case with family and friends involved in your care whether or not there is an emergency. For example, we are allowed to discuss post-operative care with your escort unless you instruct us not to. For more information please review our Notice of Privacy Practices.

Emergencies

In the event of a medical emergency in which you are incapacitated, Texas law ([Texas Health and Safety Code, Chapter 166](#)) instructs us, River City Oral & Maxillofacial Surgery (RCOMS) and Dr. Mark Haverkorn, to make medical decisions based first on any directive you may have. Directive means a Texas Advance Directive, a Texas Medical Power of Attorney (a regular Power of Attorney is different and does not apply to medical), or an Out-of-Hospital DNR Order.

If no directive exists, Dr. Mark Haverkorn will make medical decisions with one person from the following categories in the following order of priority:

- | | |
|------------------------------|-------------------------------------------------|
| 1) legal guardian, | 4) one of your parents, |
| 2) legal adult spouse, | 5) your nearest living relative, or |
| 3) an available adult child, | 6) another physician not involved in your care. |

Do you, the patient, have a designated Medical Power of Attorney, Advance Directive, Out-of-Hospital DNR Order, or Legal Guardian over you? ☐ yes ☐ no

If so, please provide us a copy of the paperwork.

If not, you may complete a Texas Medical Power of Attorney, a Texas Advanced Directive, or a Texas Out-of-Hospital DNR prior to surgery and provide a copy to us. The forms are available on the internet and instructions and/or samples are written into the [Texas Health and Safety Code, Chapter 166](#). You do not have to have a lawyer to write or complete these forms. The forms do require witnesses or notarization. An Out-of-Hospital DNR requires the signature of your attending (main or primary care) physician.

Please provide information for your legal guardian, medical power of attorney, spouse, adult child, parent, or nearest living relative in that order of priority.

Name: _____

Relationship to Patient: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is there anyone we may NOT contact regarding your case (spouse, child, parent, etc.)?

Signature of person completing this form:

Print name and relationship to the patient if you are not the patient:



River City

Oral & Maxillofacial Surgery

MEDICAL HISTORY QUESTIONNAIRE

Please answer all questions to the best of your abilities. Extra space is provided on the second page. Thank you.

Date: _____ Name: _____ ☐ Male ☐ Female

Height: _____ Weight: _____ DOB: _____ Age: _____

Tell us why you came to the doctor today. _____

Do you have mouth, face, head or neck pain? YES NO How long? _____

Where? _____

ALLERGIES TO:

1) Latex	YES	NO
2) Penicillin	YES	NO
3) Demerol, fentanyl, codeine		
hydrocodone, or other narcotics?	YES	NO

4) Novocaine, lidocaine, or other local anesthetics? YES NO

5) Please list any other medication allergies or other allergies: _____

HAVE YOU EVER:

1) Had any operations or surgery? YES NO

Describe/list: _____

2) Been admitted to a hospital? YES NO

Describe: _____

3) Had implanted joints, devices, plates, or screws? YES NO

Describe: _____

ILLNESSES:

1) Eye problems	YES	NO
2) Glaucoma	YES	NO
3) Contact Lenses	YES	NO
4) Ear problems	YES	NO
5) Sinus trouble	YES	NO
6) Nasal obstruction	YES	NO
7) Dental problems	YES	NO
8) Heart trouble, CAD, or heart failure	YES	NO
9) Heart attack	YES	NO
10) Angina (chest pain)	YES	NO
11) Rheumatic fever	YES	NO
12) Heart murmur	YES	NO
13) Congenital heart disease	YES	NO
14) Heart surgery	YES	NO
15) Pacemaker	YES	NO
16) Heart stents	YES	NO
17) Abnormal heart beat	YES	NO
18) High blood pressure	YES	NO
19) Low blood pressure	YES	NO
20) High cholesterol or triglycerides	YES	NO
21) Shortness of breath	YES	NO
22) Lung problems	YES	NO
23) Emphysema	YES	NO
24) Asthma	YES	NO
25) Cough	YES	NO

26) GERD (acid reflux)	YES	NO
27) Ulcers	YES	NO
28) Liver disease	YES	NO
29) Hepatitis	YES	NO
30) Cirrhosis	YES	NO
31) Jaundice	YES	NO
32) Seizures or convulsions	YES	NO
33) Stroke or TIA	YES	NO
34) Anxiety	YES	NO
35) ADD/ADHD	YES	NO
36) Bipolar	YES	NO
37) Schizophrenic or schizoaffective	YES	NO
38) Prolonged bleeding	YES	NO
39) Frequent bruising	YES	NO
40) Frequent nosebleeds	YES	NO
41) Anemia	YES	NO
42) Dialysis	YES	NO
43) Kidney failure	YES	NO
44) Diabetes	YES	NO
45) Thyroid problems	YES	NO
46) Arthritis	YES	NO
47) Osteoporosis	YES	NO
48) Cancer or tumor	YES	NO
49) Radiation treatment (XRT)	YES	NO
50) Chemotherapy	YES	NO

ADDITIONAL QUESTIONS

1) If you have asthma, have you ever been treated in an ER, urgent care, or hospital for your asthma? YES NO N/A

2) If you have had cancer or a tumor, what kind was it? When was it? _____

3) Do you have "TMJ", "TMD", clicking or popping of jaw joint, pain near the ear, or difficulty opening your mouth? YES NO

4) Do you grind or clench your teeth? YES NO

5) Do you smoke or use smokeless tobacco? If so, how much? YES NO

6) Do you drink alcohol? If so, how much? YES NO

7) Do you use marijuana, cocaine, or other "recreational" drugs? Which ones? YES NO

8) Do you have any history of alcohol or chemical dependency? YES NO

9) Are you on a special diet? Describe YES NO

10) Have you ever had anesthesia or sedation? YES NO

11) Have you or your immediate family had any problems with anesthesia or sedation? YES NO

Describe: _____

12) Is there any reason to believe you may be immunosuppressed? Describe YES NO

13) Do you have any autoimmune diseases (rheumatoid arthritis, lupus, Crohn's, ulcerative colitis, psoriasis, etc)? YES NO

WOMEN ONLY

1) Are you pregnant, or is there ANY chance you may be pregnant? YES NO

2) Are you on birth control? What kind? YES NO

3) Are you breast feeding? YES NO

4) Date of your last menstrual cycle? _____ ☐ N/A

MEDICATIONS

1) Do you take blood thinners such as aspirin, ASA, Plavix, clopidogrel, warfarin, Coumadin, Xarelto, rivaroxaban, Pradax, dabigatran, Aggrenox, dipyridamole, Ticlid, ticlopidine, heparin, Lovenox, Eliquis, apixaban, or others? YES NO

2) Have you taken steroids within the last 3 months? YES NO

3) Have you ever taken bisphosphonates (Boniva, Fosamax, Actonel, Aredia, Zometa, Reclast, alendronate)? YES NO

4) Have you ever taken denosumab, Prolia, or Xgeva? YES NO

5) Have you ever taken bevacizumab or Avastin? YES NO

6) Do you take immunosuppressive drugs such as methotrexate, Plaquenil, Orencia, Remicade, Enbrel, or Humira? YES NO

7) Have you been told NOT to take NSAIDs, Tylenol, acetaminophen, Advil, ibuprofen, Aleve or similar drugs? YES NO

LIST ALL MEDICATIONS AND DOSAGES YOU ARE CURRENTLY TAKING

PLEASE LIST ANY ADDITIONAL ILLNESSES, COMMENTS, OR INFORMATION WE NEED TO KNOW

I understand the importance of a truthful and complete Health History and realize that my incomplete information may have an adverse effect on my treatment. To the best of my knowledge, the information provided is complete and accurate.

Signature _____ Date _____

Print name and relationship if you are not the patient _____

Reviewed by _____ (doctor) Date _____

Patient Name: _____

Patient DOB: _____

River City OMS Respiratory Infection Patient Questionnaire

We are required to make sure no one coming into the practice is actively infected with COVID-19 or other respiratory diseases or seems like they may be infected. It is important that you disclose any indication of having been exposed to COVID-19, flu, RSV, or other respiratory disease regardless of vaccination status and whether you have experienced any signs or symptoms of a respiratory disease.

In the last 2 weeks, have you:	Yes	No
Had fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Had shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Had a cough more than 2 days?	<input type="checkbox"/>	<input type="checkbox"/>
Had a runny nose more than 2 days?	<input type="checkbox"/>	<input type="checkbox"/>
Had a reduction in your sense of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>
Had a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Had contact with someone who has tested positive for COVID-19, flu, or RSV?	<input type="checkbox"/>	<input type="checkbox"/>
Tested positive for COVID-19, flu, or RSV?	<input type="checkbox"/>	<input type="checkbox"/>
Been tested for COVID-19, flu, or RSV and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>

Further, a weak or compromised immune or respiratory system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, and chemotherapy), can put you at greater risk for contracting a respiratory disease. Please disclose to us any condition that compromises your immune system on the health history form.

I fully understand and acknowledge the above information, risks, and cautions regarding a compromised immune system, and have disclosed to my doctor any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Patient or Parent/Guardian Signature

Date



FINANCIAL POLICY

Rev 3/18/2024

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. This policy is available at <https://www.rivercityoms.com/form-library/>. If you have questions regarding these policies, please discuss them with our office manager. Our fees and details about what is included with each fee are listed at <https://www.rivercityoms.com/our-services/>.

Full payment is due by the time of service. Larger cases and hospital surgeries are due 2 weeks in advance. We accept cash, credit cards, Care Credit, and Lending Club. If a payment fails to clear, patients are still responsible for the balance. Patients may make payments ahead of time for a service, but the service will not be rendered until payments are complete.

Appointment Confirmation

We will make 2 attempts to confirm patients in advance of their appointment. If a patient does not confirm, their appointment will be cancelled. If an unconfirmed patient does come to their appointment, they will be treated as a walk-in, may or may not be seen that day, and MUST pay up-front to be rescheduled.

Insurance

River City Oral & Maxillofacial Surgery (RCOMS) is out-of-network with all insurance, including Medicare and Medicaid. Patients may file a claim with their dental and/or medical insurance and try to get money back from the insurance(s). Some plans, including Medicare & Medicaid, do not pay for out-of-network claims.

Price Quotes

Written, signed price quotes are valid for 3 months. After 3 months, the prices are subject to change.

Consult & Re-Evaluation Fees

If a patient has a consultation with the doctor, they will be charged a consultation fee, even if they do not have surgery. Most consultations are \$200 and cover the consultation & in-office x-rays. The consultation fees are applied to surgery IF surgery is completed in a timely manner, usually within 3 months. Therefore, if a patient has surgery on their first visit, the patient only pays for the surgery. If a patient only has a consultation on their first visit, the patient is charged for the consultation & the consultation fee is credited towards surgery.

Example: a patient needs 1 erupted tooth extraction which costs \$375. The patient pays \$200 at the consultation visit and \$175 at the surgery visit IF surgery is completed within 3 months of the consultation.

We will not extend the consultation credit deadline due to our schedule being full. Patients are encouraged to schedule early.

Most consultations are valid for one visit only. If a patient has a consultation and wants to talk more, the patient may call or email at no charge. If the patient wants to talk more face-to-face, there is a \$150 re-evaluation fee which is NOT applied to surgery. Patients who come back to see us outside of their post-operative care window and within 13 months of their last visit are subject to the \$150 re-evaluation fee. In these cases, the \$150 is applied to surgery completed in a timely manner.

Specifics are available at <https://www.rivercityoms.com/exam-diagnostic/>.

Booking a Large or Hospital Surgery

Any surgery of \$2,500 or more and any hospital surgery requires a \$1,000 deposit to schedule and full payment 2 weeks in advance. A full refund, minus any finance fees, is available up to 7 calendar days prior to surgery. **If one of these large surgeries is cancelled within 7 days or a patient is a no-show to the surgery, RCOMS will keep 15% or \$1,000, whichever is larger, and refund the difference minus finance fees. A large surgery may be rescheduled once by 12pm (noon) the business day before with no penalty. After 12pm the business day before, there will be a 15% or \$1,000 penalty, whichever is larger. If a previously rescheduled large surgery is rescheduled again for any reason at any time, there will be a 15% or \$1,000 penalty, whichever is larger.**

Post-Operative Visits and Fees

ALL surgeries include routine post-operative care for a specified time. Most surgeries include 3 months of routine post-operative care. Covered time periods are specified on each service page of our website. Patients may request a post-op visit during the covered time after their surgery for any reason. If patients request an excessive number of visits they may be required to pay for the visits.

Routine post-operative care means treatment for routine problems such as pain, bleeding, infection, and minor wound care needs. Major, unpredictable, and/or unusual complications are not included. Failure of bone or gums grafts is not included. If a graft fails, patients must pay the full fee to try again.

RCOMS provides a 5-year dental implant warranty to qualified patients. Details are available in the [RCOMS Dental Implant Warranty](#) in the [form library](#) on our website.

Patients should take the post-op care and warranty expiration dates into consideration and not wait until the last day to call for an appointment. We do not extend the expiration date due to us having a full schedule.

If a patient begins follow-up treatment before their included time period expires and that treatment continues past the expiration, they do not have to pay. For example, if a wisdom tooth patient has an infection that we identify and begin treating just before the 3-month date and we keep seeing them after the 3-month date, they do not have to pay for those visits after the 3-month date.

No-Show, Cancellation, and Late Arrival

See our [full policy](#) in the form library on our website. Patients who cancel and reschedule more than once or no-show will have to pre-pay for their next appointment. Patients who arrive more than 15 minutes late will be considered a no-show and worked-in if possible or have to pre-pay to be rescheduled another day.

Patient Name & Signature

Date

If completed by a patient's personal representative or guardian, please indicate your relationship to the patient and print and sign your name in the space below.

Relationship to the patient (print)

Date

Name (print)

Signature



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When you register with River City Oral & Maxillofacial Surgery (RCOMS), we receive, create and maintain information about your health, treatment, and payment for services. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes. Examples include but are not limited to:

- Using or sharing your health information with other health care providers involved in your treatment or with a pharmacy that is filling your prescription.
- Using or sharing your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan.
- Using or sharing your health information to run our business, to evaluate provider performance, to educate health professionals, or for general administrative activities.

We may share your health information with our business associates who need the information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.

We may use or share your health information without your authorization as authorized by law for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency situation.

We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders; describing or recommending treatment alternatives; providing information about health-related benefits and services that may be of interest to you; or fundraising.

We may also use and disclose your health information without your authorization for the following purposes:

- For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
- To comply with workers compensation laws and similar programs;
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;
- For health oversight activities such as audits, investigations, and inspections of RCOMS facilities;
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets);
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To coroners, medical examiners, or funeral directors as needed for their jobs;
- To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
- To avert a serious threat to health or public safety;
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and for other law enforcement custodial situations;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
- As otherwise required or permitted by local, state, or federal law.



Additional privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

We will always obtain your authorization to use or share your information for marketing purposes, to use or share your psychotherapy notes, if there is payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by writing to the privacy officer per below.

YOUR PRIVACY RIGHTS

Although your health record is the property of RCOMS, you have the right to:

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Request that we restrict how we use and disclose your health information for treatment, payment, and health care operations, or to your family and friends. We are not required to agree to your request, except when you request that we not disclose information to your health plan about services for which you paid with your own money in full.
- Obtain a paper copy of this notice upon request.

You may make any of the above requests in writing to RCOMS. You can reach RCOMS at (210) 778-0002 or by email at info@RiverCityOMS.com. To request copies of your records, please call (210) 778-0002.

OUR DUTIES

We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.RiverCityOMS and have copies of the notice available for review at our facility. You may request a copy of the revised notice at the time of your next visit.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting RCOMS at:

RCOMS, Attn: Privacy Officer, 5418 N Loop 1604 W Ste 101, San Antonio, TX, 78249.

Or by submitting a formal written complaint directly to the Department of Health and Human Services ("HHS") by using its Health Information Privacy Complaint Package. If you have questions regarding how to file a complaint with HHS you may contact the agency via email at OCRMail@hhs.gov or by visiting the HHS website at www.hhs.gov.

We will not retaliate against you for filing a complaint.



Notice of Privacy Practices

ACKNOWLEDGEMENT OF REVIEW

Date: _____

I have reviewed the River City Oral & Maxillofacial Surgery (RCOMS) Privacy Practices (version effective December 31, 2018), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

Patient Name (Print)

Patient Signature

If completed by a patient's personal representative, please indicate your relationship to the patient and print and sign your name in the space below.

Relationship to Patient (Print)

Personal Representative (Print)

Personal Representative Signature

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please be specific):

Employee Signature

Date



Your surgery is scheduled on _____ at _____.

Before the Day of Surgery

Notify us (210-778-0002) if you get sick or develop an infection somewhere on your body, a cold, the flu, fever blisters on your lips, sore throat, etc.

The Day Before Surgery

Do not drink alcohol. If you use any illegal or recreational drugs, please let us know. The information is kept confidential and is only used to ensure your safety.

The Night Before Surgery

Stop eating and drinking eight (8) hours before your surgery! It is unsafe to sedate you if you eat or drink less than eight hours before surgery and anesthesia can lead to severe or fatal pneumonia. The only exception is water. You may drink normal amounts of water up to two (2) hours before surgery and you may have a SIP of WATER (no other liquid – no coffee, no juice, etc) to swallow necessary medicines (blood pressure, heart, fluid, thyroid pills, etc.) as needed prior to surgery.

The Day of Surgery

Arrange for a responsible adult to accompany you to our office and remain here until surgery is over.

They cannot drop you off. They **MUST** be able to drive you home and have a valid driver's license or ride with you in a taxi or Uber. **You MAY NOT ride the bus home. You MAY NOT ride in a taxi or Uber alone.**

Please wear a shirt which will allow easy access to your arm all the way up **above your elbows**. Arrive at least 15 minutes before your surgery time. Please do not wear jewelry, rings, watches, make-up, nail polish, or acrylic fingernails. **Nail polish & acrylic nails interfere with our finger oxygen monitor.**

Please bring your glucometer and test strips to check blood sugar if you have those items.

Please bring your inhaler(s) if you have inhalers.

If any complications occur, you may be admitted to the hospital after surgery. This is a rare event but always a possibility.

After Surgery

Someone should remain with you for 24 hours to assist you with wound care, bathroom needs, and to monitor your progress. Do not drive, operate any machinery or tools, use sharps instruments, or make important decisions for 24 hours or while you are using narcotic/opioid pain medicines.

Women, please be aware that antibiotic use can interfere with birth control pills and NuvaRing. If you receive antibiotics you should not trust your birth control pills or NuvaRing for one month. Use alternative birth control for one month. Talk to your Ob/Gyn doctor for more information.

Oral Surgery Post-Op Instructions

What to Expect:

Pain – You will have pain for 1-3 weeks after surgery. The pain should generally get better with time but there may be episodes of increased pain from time to time. You may have pain in your jaws, other teeth, ear, neck, and/or temple. If the pain gets worse rather than better over time notify us!

Bleeding – Your gums will ooze blood for a few hours then you will have spotty bleeding off and on for up to 7 days after surgery. If you had skin incisions they may bleed as well. The mouth is wet so it takes longer for your body to make a good scab. You may have nosebleeds if you went to the operating room and/or you had sinus surgery. The bleeding should get better day by day. If not, please call us!

Swelling – You will have swelling anywhere you had surgery. You may have large amount of face swelling if you had a large or difficult surgery or you may have only slight gum swelling if you had a simple tooth extraction. The swelling will get **WORSE** for 2-3 days before it gets better.

Bruising – You may have bruising on your face or neck from the surgery. If you take aspirin or other blood thinners you are more likely to have bruising. The bruises will start out as purple or red and change to green or yellow over time. Bruises on your face may move to your neck and even chest over time. They will all go away.

Difficulty Opening Mouth – Pain, swelling, and bruising will all make it difficult to open your mouth. If your mouth opening is not back to normal after 3 weeks please let us know. Also, if your mouth opening gets worse after the first week instead of better let us know.

Nausea and Vomiting – IV anesthesia and general anesthesia can both make you nauseated for about 24 hours after surgery. If you vomit more than once please notify us but keep trying to drink fluids.

What to Do:

- Bite against folded gauze pads to stop bleeding. Put the gauze directly over the bleeding area and bite down for at least 20 minutes without moving the gauze or talking. If the incisions are not in a place you can bite against use your fingers to apply pressure with the gauze. If this fails to work try biting on a tea bag (regular black tea) the same way. If bleeding is persistent please call us.
- Keep your head elevated until the swelling gets better. Use extra pillows when you sleep.
- Apply ice to your cheeks and/or neck for 24-36 hours after surgery then either do nothing or switch to a heating pad. You can continue to use ice if it makes you feel better but the ice may prolong swelling after 24-36 hours. **IF YOU HAD AN INFECTION SKIP THE ICE AND USE HEAT.**
- Eat and drink! Do not let yourself become malnourished or dehydrated. Unless otherwise instructed, you may eat and drink whatever is comfortable from water to steak. If you had IV sedation or went to the OR, start with clear liquids then advance to other things.
- Take showers and bathe as normal. Clean skin wounds with soap and water.
- **BRUSH YOUR TEETH** and tongue! If you do not have any teeth, brush your tongue! Keep your mouth clean to allow healing. Go slow, be gentle, and use a **soft toothbrush** around stitches.

What NOT to Do:

- **DO NOT** use a straw to drink thick drinks (milkshakes, smoothie, etc.) for one week.
- **DO NOT** drink carbonated (bubbly) drinks for at least 24 hours after surgery (they can make you bleed)
- **DO NOT** eat sharp foods like chips and pretzels until you are healed.
- **DO NOT** chew directly on surgery sites for at least 2 weeks.
- **DO NOT SMOKE.**
- **DO NOT** drink alcohol for 2 weeks.
- **DO NOT** drive for 24 hours after IV sedation or general anesthesia.
- **DO NOT** participate in strenuous activities like sports, hiking, and yard or housework the day of surgery. Most patient may gradually resume normal activity the following day unless instructed otherwise.
- **DO NOT** put ice on an infection. Ice decreased blood flow and antibiotic delivery to the area.

Notify Us For:

- Severe pain
- Trouble breathing or swallowing
- Severe nausea or repeated vomiting
- Unusual bleeding
- Increased swelling after 3 days

We will generally need to see you in person in the clinic or emergency room if you are having significant problems.

Contact Information:

River City Oral & Maxillofacial Surgery

Mark Haverkorn, DDS, MD

210-778-0002

Messages are checked after hours. If you leave a message and do not receive a response within 30 minutes please call again.

Clinic Hours:

Monday - Thursday 8:30am – 5:00pm and Fridays 7:30am – 2:00pm.

After Hours, Nights, Weekends, and Holidays:

The phone, 210-778-0002, is answered after hours.

Emergencies:

In the event of a true emergency – the patient passes out, massive bleeding, difficulty breathing or swallowing, etc –go to the nearest ER immediately and notify us when you can. If necessary, call 911. **When in doubt it is NEVER wrong to call 911 or go to an emergency room.**

Women, please be aware that antibiotic use can interfere with birth control pills and NuvaRing. If you receive antibiotics you should not trust your birth control pills or NuvaRing for one month. Use alternative birth control for one month. Talk to your Ob/Gyn doctor for more information.

Pain Medication Instructions

General Info:

- We try to control pain with a baseline dose of non-narcotic, non-opioid medicine, usually ibuprofen (Advil®) that you take routinely on a schedule.
- We use a second non-narcotic, non-opioid medicine, usually acetaminophen (Tylenol®), for additional pain control. If you have been told not to take NSAIDs like ibuprofen, use acetaminophen as your first drug.
- We may prescribe a narcotic (aka opioid) medication, usually acetaminophen with hydrocodone (Norco®, Vicodin®, Lortab®), to control severe or “break-through” pain.
- Narcotic (opioid) pain medicine is NOT refilled after hours.
- We usually require an office visit first if you need a narcotic/opioid refill.

What to Do:

- Take the ibuprofen on a routine schedule as prescribed four times per day, roughly six hours apart. It does not have to be exactly six hours. Most people find it easiest to take ibuprofen at breakfast, lunch, dinner, and bedtime.
- The first few days, take 500mg of over-the-counter acetaminophen (aka Tylenol®) regularly in between the ibuprofen doses.
- As things improve, you can stop taking acetaminophen on a schedule. Instead, give the ibuprofen about 45 minutes to work. If the pain is still bothersome after 45 minutes take a second medication, either over-the-counter acetaminophen (aka Tylenol®) or the prescription opioid/narcotic, as directed on the bottle.
- If you take an opioid/narcotic **DO NOT DRIVE** or do any other potentially dangerous activities or make important decisions for at least 8 hours.
- At bedtime you can take the last dose of ibuprofen AND an over-the-counter acetaminophen OR the prescription opioid/narcotic AT THE SAME TIME. Taking both medications, especially the first few days after surgery, may help you sleep.
- If the meds aren't working you can try ice packs, warm compresses, or topical Orajel® or similar medicine rubbed on the gums at the site of pain per the instructions on the package. Clove oil on the wound may also be soothing.

Maximum Dosages:

- The maximum daily dose of ibuprofen is 3200mg in 24 hours.
- The maximum daily dose of acetaminophen is 3000mg in 24 hours. If you take the over-the-counter acetaminophen (aka Tylenol®) and the prescription opioid in the same 24-hour period, you must add up the total acetaminophen from both sources. Acetaminophen in prescription medications is often abbreviated as “APAP” on the label.

Notify Us For:

Pain that is not controlled with the medications.

- Call **210-778-0002**
- Clinic Hours are Monday - Thursday 8:30am – 5:00pm and Fridays 7:30am – 2:00pm.
- Messages are checked after hours. If you leave a message and do not receive a response within 1-hour please call again.

Emergencies:

In the event of a true emergency – the patient passes out, massive bleeding, difficulty breathing or swallowing, etc – go to the nearest ER immediately and notify us when you can. If necessary, call 911. **When in doubt it is NEVER wrong to call 911 or go to an emergency room.**

Example Medication Schedule for the First Few Days

6am (wakeup) – Ibuprofen (aka Advil™ or Motrin™)

9am - Take 500mg over-the-counter Tylenol™ (aka acetaminophen)

12pm – Ibuprofen

3pm – Take 500mg over-the-counter Tylenol™ (aka acetaminophen)

6pm – Ibuprofen

9pm - Take 500mg over-the-counter Tylenol™ (aka acetaminophen)

10pm (bedtime) – Ibuprofen. Can take another 500mg over-the-counter Tylenol™ at the same time if you've needed it all day or can take an opioid (hydrocodone, codeine, tramadol, etc.) to help you sleep.

As the pain gets better, you can cut out the acetaminophen or decrease the frequency of ibuprofen or acetaminophen. Eventually you can stop all the medications.

You can use Aleve™ (naproxen) instead of ibuprofen but we recommend ibuprofen for acute surgical pain. Do NOT use Aleve™ and ibuprofen at the same time. Aleve™ and ibuprofen are in the same drug family called NSAIDs. Taking too many NSAIDs can cause kidney problems. Wait at least 4 hours after ibuprofen to take Aleve™. Wait at least 8 hours after Aleve™ to take ibuprofen.

Tylenol™ is not an NSAID. It is okay to mix Tylenol and Advil™ or Aleve™.



River City

Oral & Maxillofacial Surgery

Mark Haverkorn, DDS, MD
5418 N Loop 1604 W Ste 101
San Antonio, TX 78249

210-778-0002

www.RiverCityOMS.com

@RiverCityOMS

Dealing With Your Dental and/or Medical Insurance Company

Dear Patient,

River City OMS (RCOMS) is dedicated to excellent care and reasonable prices. One way we keep prices low is by not hiring employees who only deal with insurance companies. We are out of network with all medical and dental insurance companies.

We realize many of our patients do have insurance. We will provide you with a “Super Bill” which has the key information required for you to file a claim with your insurance company:

- Date(s) of service
- Location(s) of service
- RCOMS address
- RCOMS phone number
- RCOMS federal tax ID number
- Dr. Haverkorn’s NPI number
- ICD-10 diagnostic code(s)
- CPT (medical) or CDT (dental) treatment code(s)
- Certification of the amount you paid

Most dental insurance companies will accept the Super Bill from you, their insured, as the claim. Medical insurance companies may request you complete additional forms. Please check your insurance company’s website or call them and inquire about how to file a claim for “out-of-network” treatment and follow their instructions.

Every time you speak to an insurance company employee you need to make notes and keep them in a medical file forever. Make sure you record the:

- Date & time of the call
- Name of the employee you spoke with
- “Reference number”, aka the serial number, for the call. Your insurance company gives a serial number to every call. The reference number for the call is more important than anything else.

Your insurance company may say that treatment is covered as long as we code it correctly or it is “medically necessary”. The insurance companies will often tell you that I just need to declare your surgery as medically necessary or code it appropriately. This is a half-truth designed to appease you.

Regarding medical necessity, your insurance company will have a definition of what they consider medically necessary. Medical necessity is NOT dependent on my opinion. Ask your insurance company their specific criteria to determine medically necessary. They may require a certain diagnosis and treatment code before they will consider something medically necessary.



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Regarding coding, we can only code the truth. We cannot use a code that does not apply to your case no matter what your insurance company says. Intentionally miscoding is insurance fraud. At times insurance companies almost seem to be encouraging us to commit insurance fraud!

Finally, we can help you deal with your insurance company(s). We do charge a fee for these services:

Preauthorize or predetermine a benefit, can take 1-2 month for insurance to respond	\$50
Doctor letter to insurance company, 5 business day turnaround	\$100
Additional miscellaneous forms, 5 business day turnaround	\$15 per page
Expedite turnaround of any form or letter	\$50/each

Thank you!